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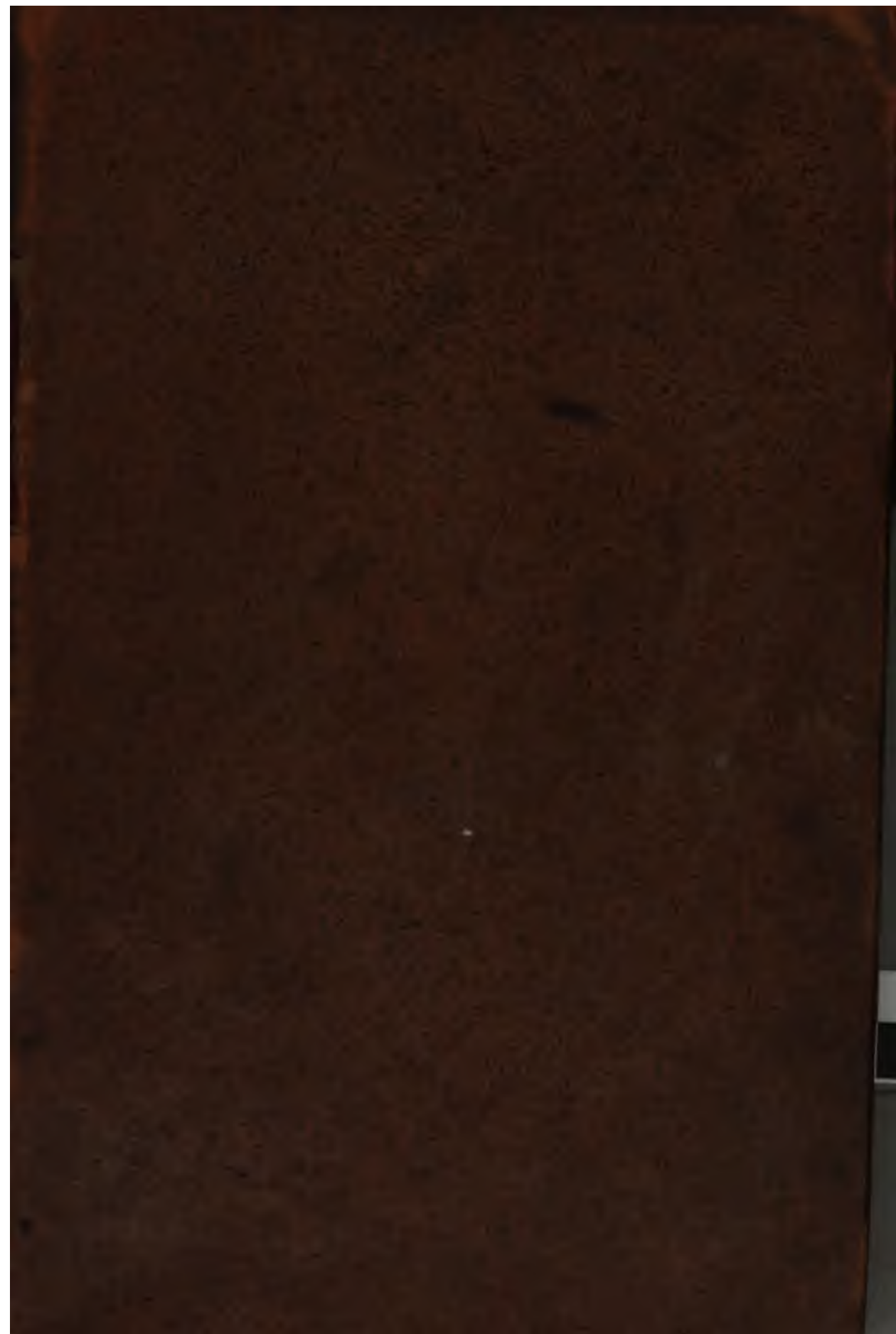
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Government Property  
attached to the Jail Hospital

Received from Principal Med.  
John Kuper on the 21<sup>st</sup> September 1890





*Sail Hospital Chittoor*

A CODE

OF



MEDICAL AND SANITARY REGULATIONS

FOR THE

**GUIDANCE OF MEDICAL OFFICERS**

SERVING IN

**THE MADRAS PRESIDENCY.**

(COMPILED UNDER THE ORDERS OF GOVERNMENT)

BY

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INDIAN MEDICAL DEPARTMENT.**

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*151. p. 105.*



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## ERRATA AND CORRECTIONS.

Page 16, for "61" read 16.

Page 19, 5th line, *add*: Office Furniture, according to scale, is provided at the public expense. (G. O., No. 39 of 7th January 1870, M. D.).

Page 46, para. 141, *add*: When a Medical Officer other than a Civil Surgeon, or Medical Officer in charge of the civil station, is summoned to give evidence in a Criminal Court, touching the result of a *post mortem* or other examination conducted by him, in cases not falling within the ordinary discharge of his duties, he should receive a fee of Rupees 16 in addition to the usual expenses payable to witnesses. (Finl. Dept. No. 2,208 of 26th July 1869, in G. O., No. 1,460 of 2nd September 1869, Judl. Dept.).

Page 74, after N. B. *insert*: Officers and their families who are entitled to gratuitous medical attendance in a cantonment or civil station, are entitled to it also when visiting a hill sanitarium, where there is a medical officer paid by Government for staff or general duties. (G. O. G. G., No. 945 of 9th September 1869).

Page 107, para. 11, *add*: Hospital Assistants when proceeding from one station to another or on joining on admission to the service, are allowed, in ordinary cases, three days after receiving final orders, to prepare for their journey. In emergent cases they will start within 24 hours.

Where no rail or steam communications exist, the journey should be performed at the rate of 15 miles a day, halting one or two days on the road if necessary. When proceeding by rail, the rate of travelling is to be regulated by the time table of the Railway Company. Hospital Assistants infringing these rules, and failing to submit a satisfactory explanation of the delay, will be considered absent without leave, and liable to forfeiture of pay for as many days as they may overstay the time allowed. (G. O. G. G., No. 1,123 of 16th November 1869).

Page 127, para. 41, *add*: Passed Hospital Apprentices, if in subordinate charge of a body of troops, are entitled to the field and employed allowances. (G. O., No. 4,176 of 7th December 1869, M. D.)

Page 128, para. 50, *add*: Native Medical Pupils are entitled to batta of 2 Rupees per mensem when on foreign or field service. (G. O., No. 4,176 of 7th December 1869, M. D.)

Page 147, para. 32, *add*: Service in the grade of Hospital Apprentice or Native Medical Pupil, whether passed or unpassed, does not reckon towards pension. (G. O., No. 4,176 of 7th December 1869, M. D.)

Page 148, Note: 2nd and 3rd lines, *cancel* the words "In" and "their operation is suspended temporarily," remove the period after Palaveram—*add* comma, and place the period after Trichinopoly.

Page 163, Chapter V., *insert* the following note: These rules have been made applicable to the town of Coonoor adjoining Wellington, also to all bazaars, hamlets and villages within a radius of four miles from the boundaries of the Cantonments of Trichinopoly, Saint Thomas' Mount, Palaveram, Poonamallee, Cannanore, and Bellary. (G. O. G., No. 360 of 27th October 1869, and G. O., No. 4,185 A. of 7th December 1869, M. D.)

Page 181, para. 66, *cancel* the sentence commencing with the words "Two drams may also be issued, &c." (G. O. C. C., No. 138 of 25th October 1869).

Page 203, Note: in the 1st line after the word "by" *insert* the.

Page 217, para. 260, 4th line for "will submit them in as soon," *read* will submit, as soon  
5th line for "cholera, a special," *read* cholera, in a special.

Page 228, Note: last line for "Commissioners," *read* Commissions.

Page 250, 2nd Note, first line, for "provides," *read* provides.

## SECTION I.

### ADMINISTRATIVE OFFICERS.

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- I.—Inspector General of Hospitals.**
  - II.—Deputy Inspector General of Hospitals.**
  - III.—Secretary and Statistical Officer.**
- 

**1. Division of Duties of Medical Officers in India.**—The Medical G. O. G. G., No. 603 of 1867. Department in India consists of two distinct branches. To one branch is entrusted the performance of the medical duties of British troops, and all the officers of it belong to the British Army Medical Department. To the other branch is allotted all medical duties connected with the Native Army and the Civil administration of India. The officers of the latter branch are engaged for service in India only, and constitute the Indian Medical Department proper.

**2. Inspector General of Hospitals.**—Each branch of the Medical Service is presided over and administered by an Inspector General of Hospitals. The official designation of the Head of the British Army Medical Department is "INSPECTOR GENERAL, BRITISH MEDICAL SERVICE," and of the Head of the Indian Medical Establishment, "INSPECTOR GENERAL, INDIAN MEDICAL DEPARTMENT." G. O. G., No. 208, 14th May 1867.

**3. Inspector General of Hospitals, British Medical Service.**—The Inspector General of Hospitals, British Medical Service, is selected by the Director General of the Army Medical Department, for a tour of five years' Indian duty. G. O. G. G., No. 901 of 1866. While serving in the Madras Presidency, he is directly subordinate to the Governor in Council, and is enjoined, under ordinary circumstances, to conduct the duties of his office at the seat of the Madras Government. Whenever it may be desirable or necessary for the Inspector General British Medical Service, to leave the Presidency on a tour of inspection, the sanction of Government must be obtained. G. O., No. 520 of 1868, M. D.



4. DUTIES IN RELATION TO COMMANDER-IN-CHIEF.—Although the Inspector General, British Medical Service, is directly subordinate to the Government, and no longer attached to Army Head-quarters, he will continue to furnish such information and returns on all points connected with the health of the British troops as may be required of him by the Commander-in-Chief in India, or the Commander-in-Chief of the Madras Army; and, generally, to obey such instructions as the Commander-in-Chief may issue, subject to the approval of Government.

5. RELATION TO DIRECTOR GENERAL.—In all professional matters, the Inspector General is subject to the authority of the Director General, Army Medical Department, and also of his local representative, the Inspector General British Medical Service in Bengal.

6. GENERAL DUTIES.—The full superintendence, medical, sanitary, and economic, of all British Hospitals under the Madras Government, and of all professional duties connected with British troops, is entrusted to the Inspector General, British Medical Service, and the Administrative officers acting under his instructions. He will be guided, generally, by the rules and practice in force with the Indian Medical administration, and will, in like manner with the Inspector General, Indian Medical Department, be held directly responsible by Government for the efficient administration of the department of which he is chief.

7. ADMINISTRATION REPORT.—In addition to the professional returns and reports required to be transmitted to the Director General of the Army Medical Department, to the Inspector General, British Medical Service, Calcutta, and Sanitary Commissioner of Madras, the Inspector General, British Medical Service, is required to furnish the local Government with an annual Administration Report, and three Returns in duplicate for publication in the Official Gazette. In the Administration Report he will briefly, but distinctly, set forth every circumstance of importance bearing upon the sickness, mortality, and invaliding of the British Forces serving in the Madras command. This report, with abstract tables of sickness, mortality, and invaliding, is to include the period from 1st April to 31st March, and is invariably to be rendered to the Military Secretary to the Government, Fort Saint George, on or before the 15th of May in each year.

8. APPOINTMENTS AND TRANSFERS.—All local or temporary appointments, transfers, and changes of duty of the Executive Staff, British Medical Service, are ordered by the Commander-in-Chief or Government; but the Inspector General, British Medical Service, is empowered to recommend or advise in regard to all appointments connected

G. O., No. 3,437  
of 8th Sept. 1868, and  
No. 3,986 of 10th Oct.  
1868, M. D.

G. O. G., No. 276  
of 1859.

with his department. A similar course will be followed in the transfers and appointments of the members of the Subordinate Medical Establishment, whose services have been made available for duty with British troops.

9. HOSPITAL SERVANTS.—The supply of hospital servants for British troops is arranged by the Inspector General, British Medical Service, and the G. O. G. G., No. 603 Administrative Staff under his orders, in communication of 1867. with the Commissariat Department, under the rules laid down in Section XII. "HOSPITAL SUPPLIES."

10. MEDICAL SUBORDINATES FOR BRITISH TROOPS.—A proportion of the Subordinate Medical Establishment, sanctioned for the *Ibid.* Madras Presidency, is placed at the disposal of the Inspector General, British Medical Service, for duties connected with British troops.

11. The Inspector General will exercise complete control over the G. O. G. G., No. 603 subordinates placed at his disposal. He will cause annual of 1867. reports as to the conduct, merits, and professional capacity of each individual to be rendered to him, copies of which he will forward to the Inspector General, Indian Medical Department, who is entrusted with the control of the Medical Subordinate Establishment as a whole. When a Medical Subordinate is nominated for duty with British troops, the Inspector General, British Medical Service, will cause him to be examined, either by a Deputy Inspector General, or a Board of Medical Officers, to ascertain his fitness for the duties expected of him; and whenever a Medical Subordinate is reported as unfit for duty with British troops, the Inspector General, British Medical Service, will furnish all needful particulars as to the cause of inefficiency, in applying to the Inspector General, Indian Medical Department, for the services of an effective substitute. Casualties amongst the Medical Subordinates detailed for duty with British troops, are to be immediately reported to the Inspector General, Indian Medical Department, and Adjutant General of the Army.

12. The duties of officers of the British and Indian Medical Services being generally distinct, no Returns or Reports will *Ibid.* be required by officers of one Service from those of another, excepting those referred to in the preceding paragraph.

13. FIELD SERVICE.—When troops are assembled for field service, all the *Ibid.* medical arrangements for the formation of Depot Hospitals, the supply of medical stores, the transport of the sick, &c., will rest with the Medical Officer of either Service, who may be specially appointed Principal Medical Officer to the force; but under ordinary circumstances, the administration of either branch of the Service is to be conducted only by its own officials.

14. **BUDGET-ESTIMATES.**—The Inspector General, British Medical Service, is responsible to Government for the punctual submission to the Comptroller of Military Accounts of the Budget-Estimates of his Department.

The estimates are to be framed with a due regard to economy and efficiency, and are to be drawn up strictly in accordance with established forms. (*See Section XXV. "BUDGET-ESTIMATES."*)

15. **INDENT FOR STATIONERY.**—The Inspector General British Medical Service will prepare and forward to the Superintendent of Stationery an Annual Indent for stationery supplies required for his own office and by the officers of his own department, as well as a supply of blank forms of Returns for distribution to Administrative and Executive Medical Officers of Circles. War Office blank forms, and books of sizes, are sent to Executive Medical Officers upon their requisitions.

16. **CHECKING INDENTS.**—The Inspector General, British Medical Service and his Administrative officers are responsible for the checking of all Indents of Executive Medical Officers of the British Service on the Commissariat, Ordnance, or Medical Store Departments.

17. **ADMINISTRATIVE STAFF.**—The Administrative Staff allowed by Government to aid the Inspector General, British Medical Service, in the control of his Department, is as follows:—

Three Deputy Inspectors General.

One Staff Surgeon-Major.

G. O. G. G., No. 901  
of 1866, para. 2.

One Assistant Surgeon, as Secretary and Statistical Officer.

Military Department,  
No. 1,997, 31st  
May 1867.

An office establishment, with salaries as below, is sanctioned for the Inspector General, British Medical Service:—

Salary.				Salary.				
		RS.	A.	P.		RS.	A.	P.
1 Manager ...	...	120	0	0	2 Copyists, at 20 Rs. each...	40	0	0
1 Clerk ...	...	60	0	0	4 Do., at 15 Rs. each...	60	0	0
1 Do. ...	...	50	0	0	1 Moochee... ..	10	0	0
1 Do. ...	...	45	0	0	4 Peons, at 7 Rs. each ...	28	0	0
1 Do. ...	...	40	0	0	1 Sweeper... ..	3	8	0
1 Copyist ...	...	25	0	0	1 Toty ... ..	4	6	0

the Native Army of the Madras Presidency, as well as of all Civil Hospitals, Lunatic Asylums, Dispensaries, Lock Hospitals, and Medical Store Depôts; of all Medical Establishments attached to the Judicial, Revenue, Police, and other Departments subordinate to the Madras Government, excepting only the supervision of the Medical Establishments of British troops.

19. SUBORDINATE TO GOVERNMENT IN CIVIL DEPARTMENT, AND TO COMMANDER-IN-CHIEF IN THE MILITARY.—In all medical, sanitary, or economic duties relating to the civil population or Civil establishments of the Madras Government, the Inspector General, Indian Medical Department, is directly subordinate to, and corresponds with the Government of Fort Saint George. In all similar questions connected with the Native Army, or the professional supervision of purely Military establishments, the Inspector General, Indian Medical Department, is subordinate to the Commander-in-Chief.

20. QUALIFICATION FOR OFFICE OF INSPECTOR GENERAL, INDIAN MEDICAL DEPARTMENT.—The Inspector General, Indian Medical Department, is promoted to the rank of Inspector General of Hospitals, by the Governor in Council, subject to the approval of the Secretary of State for India, and Her Majesty's Government.

21. An Officer must have served for three years in India, as Deputy Inspector General, before he is eligible for promotion to the rank of Inspector General. It is competent, however, for the Governor General in Council to shorten the period of service in the lower grade, if he shall deem it expedient to do so. Promotion to the grade of Inspector General is always to be given by selection for ability and merit, and the grounds of such selection shall be stated in writing, for record in the Office of the Secretary of State for India in Council.

22. An Inspector General, of the Indian Service, who has attained the age of sixty-five years, shall be placed on the retired list. The tenure of office of an Inspector General, Indian Medical Department, is limited to five years. Re-appointment for a second tour of duty may be made, if the candidate is not disqualified by age, and if the interests of the public service will be thereby advanced.

23. INSPECTOR GENERAL TO ADVISE IN THE FILLING UP OF ALL APPOINTMENTS IN THE MEDICAL DEPARTMENT.—The Inspector General, Indian Medical Department, is responsible to His Excellency the Commander-in-Chief and Government for the due performance of all duties laid down for the administrative, executive, and subordinate officials of the Indian Medical establishment. In the filling up of vacant appointments

Royal Warrant 1800,  
para. 5.

Para. 7.

Royal Warrant Jan.  
1860.

G. O. G. G., No. 964  
of 1857.

G. O. G., 8th July  
1859, No. 276.

or of offices temporarily vacant, the opinion and advice of the Inspector General, Indian Medical Department, is to be taken regarding all medical appointments, whether of Commissioned Officers, or of Subordinates, but the responsibility of the several appointments will rest with the Government or Commander-in-Chief, by whom they will be made.

24. PROMOTIONS AND APPOINTMENTS BY WHOM MADE.—Promotions to the grades of Inspector General, Deputy Inspector General, Surgeon Major, and Surgeon, are made, subject to Her Majesty's approval, by the Governor in Council. All

*Ibid.* Medical appointments in the Military, Political, and Civil

Departments are made by the Governor in Council. The postings of Deputy Inspectors General to Circles (except at the Presidency where the Governor in Council appoints an officer) the postings of Surgeons and Assistant Surgeons to corps, of Staff Surgeons to Garrisons, and all appointments of Medical Subordinates are ordered by the Commander-in-Chief.

25. INSPECTOR GENERAL TO SUBMIT ALL REPORTS AND RETURNS OF HOSPITALS, &c., REQUIRED BY GOVERNMENT.—The Inspector General, Indian Medical Department, is responsible to Government for the due submission of all Reports, Returns, and other documents, required by the administrative departments of the State, to illustrate the working of Hospitals, Military and Civil, and of all Medical and Sanitary establishments under the Madras Government. (*See Section XX.*)

26. ANNUAL INDENT FOR STORES.—The Inspector General, Indian Medical Department, will prepare an annual indent for Medical and Surgical stores required to be supplied from Europe, submitting the same for the sanction of Government through the Comptroller Military Accounts, not later than the first of August in each year. This indent will include provision for the wants of European and Native troops, the Civil Hospitals maintained wholly or in part by Government, the requirements of all Revenue, Judicial, and Police Establishments, and also a sufficient supply for general distribution when epidemic diseases prevail amongst the civil population. The requirements for the Military and Civil Departments are to be shown in separate columns of the Indent.

G. O., No. 3,216 of 1867, M. D.

G. O., 7th May 1869, No. 1,713, M. D.

27. The annual indent is to be framed with great care, and the demands for established articles of supply are to be calculated on the actual expenditure of former years. The quantities indented for, added to the balance in hand, or due on former Indents, should be equal to the expenditure of the two and a half years preceding.

28. Whenever new articles are included in the Indent, or the established proportion of two and a half years' expenditure is exceeded, full explanation is to be afforded by the Inspector General.

29. **BUDGET-ESTIMATES.**—The Inspector General, Indian Medical Department, is directed to prepare annually an estimate of expenditure on account of the Medical establishments of the Native Army. He is also required to submit estimates of Medical expenditure in the several civil departments of the State. These estimates are to be prepared in accordance with the instructions laid down in Section XXV. ("BUDGET-ESTIMATES"), and are to be rendered punctually to date.

30. **INDENTS FOR STATIONERY FOR THE MEDICAL DEPARTMENT.**—The Inspector General, Indian Medical Department, will prepare and forward to the Superintendent of the Stationery office an annual indent for stationery supplies required for his own office and by the Officers of his Department. The Indent is to be made out strictly in accordance with regulations. (*See Section XIII. "INDENTS."*)

31. **CONTROL OF SUBORDINATE MEDICAL DEPARTMENT.**—The entire control of the Subordinate Medical establishment devolves upon the Inspector General, Indian Medical Department. The number of Apothecaries and Hospital Assistants given below, are to be placed at the disposal of the Inspector General, British Medical Service, for duty with British troops, and are not to be withdrawn, or changed, without that Officer's sanction. While employed with British troops, Medical Subordinates are wholly under the orders of the Inspector General, British Medical Service, who will be held responsible by Government, that the regulations, in regard to their professional duties and supervision, are obeyed.

	Apothecary.	Assistant Apothecary.	Passed Hospital Apprentice.	Hospital Apprentice.	Hospital Assistant.
For each European Infantry Regiment ...	1	1	1	1	...
Do. do. Cavalry do. ...	1	1	1	1	1
Do. do. Brigade of Artillery ...	1	...	1	1	1
Do. Battery of Artillery with Head-quarter. ...	...	1	...	...	...
Do. do. do. Detached ...	...	1	...	...	1
Do. Large Depot or Sanitarium ...	1	1	1	1	...
Do. Small do or do. ...	...	1	...	...	...
15 per cent. for Contingent duties ...	...	...	...	...	...

32. **SUPERVISION OF MEDICAL BOARD, AND PERSONAL EXAMINATION OF CANDIDATES FOR SICK CERTIFICATE AND PENSION.**—The Inspector General, Indian Medical Department is assisted by a standing Medical Committee (composed of medical officers holding staff appointments at the Presidency) in the examination of Military officers, and others, applying for leave on Medical Certificate, or of applicants for compensation for

wounds, or final wound pension, or invaliding. Covenanted or Uncovenanted Civil Servants are, whenever practicable, personally examined by the Inspector General, Indian Medical Department, before obtaining leave on medical certificate to any place out of India.

33. **ADMINISTRATIVE STAFF.**—The Inspector General Indian Medical Department, is assisted in the supervision of his Department by an Administrative Staff as follows :—

G. O. G. G., No. 901  
of 1866.

Six Deputy Inspectors General of Hospitals.

One Secretary and Statistical Officer.

(The Secretary may be of any rank below that of Deputy Inspector General.)

34. **OFFICE ESTABLISHMENT.**—An office establishment, as below, is sanctioned for the Inspector General, Indian Medical Department. His official duties must be conducted at the seat of the Madras Government.

OFFICE ESTABLISHMENT.						Salary.		
						RS.	A.	P.
1	Manager	...	...	...	...	150	0	0
1	Examiner	...	...	...	...	75	0	0
1	Indexer	...	...	...	...	70	0	0
1	Budget Clerk	...	...	...	...	60	0	0
2	First class Clerks, at Rs. 40 and 50 each	...	...	...	...	90	0	0
2	Second do. at Rs. 25 each	...	...	...	...	50	0	0
3	Copyists, at Rs. 25, 18, and 17 each	...	...	...	...	60	0	0
1	Record-keeper	...	...	...	...	20	0	0
1	Registering and Dispatching Writer	...	...	...	...	20	0	0
1	Moochee	...	...	...	...	10	8	0
5	Peons, at Rs. 7 each	...	...	...	...	35	0	0
1	Sweeper	...	...	...	...	3	8	0
1	Toty	...	...	...	...	4	6	0
Total...						648	6	0

35. **Secretary and Statistical Officer.**—The duties of Secretary and Statistical Officer are—

(a.) To assist the Inspector General, in the routine duties of his office.

(b.) To supervise the Clerks of the Office establishment.

(c.) To prepare, from the weekly or monthly Returns of Sick, such Statistical tables as the Inspector General may wish to submit to Government, in illustration of annual or other Reports.

(d.) To keep a Roster of all Medical officers and subordinates entitled to promotion, and to submit the names of those entitled thereto to the Inspector General, when vacancies occur.

(e.) To keep a register of all applications for appointments, or exchange of duty, both of Medical officers and subordinates.

(f.) To check and pass all ordinary indents of Medical Officers and Deputy Medical Store-keepers on the Presidency Store Depôt, as well as indents on other Departments requiring the sanction of the Head of the Department.

36. The Secretary and Statistical Officer conducts all ordinary correspondence with Deputy Inspectors General, Medical officers, and deputies of other Departments, under the directions of the Inspector General. The Inspector General signs all letters addressed to Government or Heads of Departments.

37. The Secretary and Statistical Officer is responsible for the punctual preparation and submission to his immediate superior, of all periodical returns and reports required by the Medical Department, by Government, or by His Excellency the Commander-in-Chief.

*NOTE.*—The provisions in Clauses d, e, and f are not applicable to the Secretary and Statistical Officer, British Medical Service.

38. **Deputy Inspectors General of Hospitals, British Service.**—The Circles of superintendence of the Administrative Officers of the British Medical Service, are as follows :—

CIRCLES.	STATIONS.
Presidency... ..	Fort Saint George and Stations adjacent, Trichinopoly and Wellington in the Southern Division, Stations in the Northern Districts, in which British troops may hereafter be located.
Mysore... ..	Bangalore, with the Stations in Malabar and the Ceded Districts.
Hyderabad... ..	Secunderabad and Trimulgherry, with Kamptee, and other Stations occupied by British troops composing the Nagpore Force.
British Burmah... ..	Rangoon, with the two frontier posts of Thyetmyo and Tonghoo, and Port Blair in the Andamans.

*NOTE.*—The administrative duties of the latter Circle are entrusted to a Staff Surgeon-Major.



**39. Circles of Deputy Inspectors General of Hospitals, Indian**

**Medical Department.**—The circles of superintendence of Deputy Inspectors General, Indian Medical Department are—

G. O. G. No. 56,  
5th February 1867.

1. Southern District, with the addition of Malabar and Wynaad.\*
2. Mysore and Ceded Districts.
3. Hyderabad.
4. Nagpore.
5. Pegu.
6. Presidency and Northern District.

The Deputy Inspectors General of Mysore, Hyderabad Subsidiary Force, Nagpore, and Pegu are to conduct their duties as regards the Civil department under the authority of the Commissioners, or Chief civil officers of those Provinces.

**40. Official designation of Deputy Inspectors.**—The official designation of a Deputy Inspector General of Hospitals of Her Majesty's Army Medical Department is "DEPUTY INSPECTOR GENERAL,

G. O. G. No. 208,  
14th May 1867.

BRITISH MEDICAL SERVICE;" and of the Indian Service "DEPUTY INSPECTOR GENERAL, INDIAN MEDICAL DEPARTMENT."

**41. Selection.**—BRITISH MEDICAL SERVICE.—Deputy Inspectors of Hospitals of the British Service are selected by the Director General of the Army Medical Department, for a tour of five years' duty in India. On the completion of a tour of duty they are relieved. Their promotion is regulated by the rules of the Medical Department of the British Army.

**42. INDIAN MEDICAL DEPARTMENT.**—Promotion to the rank of Deputy Inspector General, Indian Medical Department, is made by selection from the Surgeons Major and Surgeons of that Department, in accordance with the following Regulations :—

(a.) A Surgeon must have served for ten years in India, of which two years must have been passed with the rank of Surgeon in or with a Regiment, or as a Civil Surgeon.

Royal Warrant, 13th  
Jan. 1860.

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\* NOTE.—Malabar and Wynaad belong properly to the Mysore Division. All ordinary business in the Medical Department in connection with those Districts is transacted by the Deputy Inspector General of Mysore and Ceded Districts. The Inspection duties alone are delegated to the Deputy Inspector General of the Southern District, who inspects also stations in South Canara, and the stations of Chellumbrum and Cuddalore in the Presidency Division.

**NOTE 1.**—The following appointments are to be considered as appertaining to the Military branch of the Service, and equivalent to Regimental duty in qualifying for promotion :—

	Secretary and Statistical Officer, Indian Medical Department.
G. O. G. G. No. 364 of 1856.	Principal Medical Store-keeper.
	Garrison Surgeon.
	Garrison Assistant Surgeon.
	Superintendent Eye-Infirmiry.
Des. of Secy. of State, No. 173, 23rd Dec. 1863.	The appointment of Superintendent of a Lunatic Asylum is not considered to be of a nature qualifying for promotion.

**NOTE 2.**—Medical officers who accept civil employment, the duties of which are unconnected with the Medical profession, will be required to serve two years in the Military or Civil branch of the profession, after promotion, or after they relinquish unprofessional employment, to become eligible for promotion to Deputy Inspector General.

**NOTE 3.**—The Governor General in Council may shorten the period of service for promotion in cases of emergency, or when the good of the service renders such alteration in the rule desirable.

(b.) An Officer must be selected for ability and merit from the whole rank of Surgeons, whether styled Surgeons, or Surgeons Major, and the grounds of such selection are to be stated in writing, and recorded in the office of the Secretary of State for India in Council.

**43. Rules for Selection to be strictly adhered to.**—The Secretary of State for India has enjoined a strict adherence to the conditions prescribed by the Royal Warrant of 1860, in the selection of officers for promotion to the rank of Deputy Inspector General, and has declined to sanction any promotion not made in accordance therewith.

**44. Tour of duty limited to Five years.**—The tour of service of a Deputy Inspector General, Indian Medical Department, is limited to five years. All service on full pay is included in the period of five years for which the office may be held. Officers, however, if not disqualified by age, are eligible for re-appointment for a second tour of duty in the same grade, or for employment in the higher grade of Inspector General by promotion thereto. A Deputy Inspector who has attained the age of 65, shall be placed on the retired list.

**45. Residence.**—Deputy Inspectors General, both of the British and Indian Services, are to reside at the principal stations within their respective Circles. Stations at which Medical depôts of stores are established are considered principal stations. But in circles or divisions where there may be more than one depôt, the place of residence of the Deputy Inspector General will be

determined by Government on the recommendation of His Excellency the Commander-in-Chief.

**46. Outline of Duties.**—It is the special province of Deputy Inspectors General of Hospitals, by a frequent personal inspection of all Regimental or other Hospitals, Barracks, and localities occupied by troops, within their circles of superintendence, to ensure the most unqualified attention to their professional duties on the part of executive Medical Officers and subordinates, and to enforce strict observance, by all concerned, of the rules and regulations of the Medical Department.

**47.** Deputy Inspectors General, Indian Medical Department, are required to examine and countersign, at the first visit of inspection in each month, the Hospital Records and Journals of all Executive Medical Officers, who may be present at head-quarters. Hospitals at head-quarters are to be visited weekly, and those at out-stations, once or more yearly, as may be determined by the Inspector General.

**48.** Deputy Inspectors General, British Medical Service, are directed to G. O. C. C. No. 80 inspect the Hospitals at head-quarters, and near stations of 3rd July 1867. twice a year; about June or July, and at a period approaching the end of the year.

**49. Inspection Duties.**—Deputy Inspectors General, both of the British and Indian Service, (and Staff Surgeons Major entrusted with the performance of administrative duties,) will make visits of inspection throughout their circles of superintendence, at such times as their immediate superiors may appoint, in conformity with the following instructions:—

**I. TO SEE TO CARRYING OUT OF REGULATIONS.**—The Inspecting Medical Officer is required to see that all regulations for protecting the health of troops in Barracks, Garrisons, Stations, or Camps, or of prisoners in Jails; for securing the sanitary condition of Hospitals, and for the careful treatment of, and attendance on, the sick, are duly observed.

**II. TO EXAMINE RECORDS.**—He is to examine the medical, sanitary, and statistical records, to see whether they have been properly kept.

**III. TO ASCERTAIN THE MORTALITY FROM EPIDEMIC AND OTHER DISEASES.**—He is to ascertain from them the amount of disease and mortality among the troops, or bodies of men, especially from diseases, such as cholera, fever, dysentery, diarrhoea, liver affections, insolation, &c.

**IV. AND THEIR CAUSES.**—He is to inquire into the causes of such diseases, and into the steps which may have been taken for their prevention or mitigation.

**V. TO ADVISE WITH MEDICAL OFFICER ON THE SAME.**—He is to advise with the Medical Officer on any measures for the mitigation or prevention of

disease that may be required : and he is to recommend to him, in writing, any additional precautions that he may consider requisite.

VI. AS TO SANITARY CONDITION OF BARRACKS, &c.—He is to satisfy himself as to the sanitary condition of Barracks, Guard-rooms, Day-rooms, School-rooms, Reading-rooms, and Prison cells, and generally of all Military buildings and Native Regimental Lines in Cantonments, and of all Jails and Civil buildings in Civil Stations.

VII. CLEANLINESS, VENTILATION, &c.—As to their cleanliness within and without, their ventilation and lighting.

VIII. AS TO NUMBER OF INMATES.—He is to ascertain whether the number of men accommodated in any Barrack, Guard-room, or Jail exceeds the number prescribed by regulation.

IX. DRAINAGE.—He is to satisfy himself that the drainage, latrines, urinals, ash-pits, &c., are in a good sanitary condition.

X. RATIONS AND COOKING.—That the rations are good ; that the kitchen utensils are sufficient and in good order ; and that the cooking is sufficiently varied.

XI. LAVATORIES, BATHS, &c.—That the lavatories and baths are sufficient for the number of men, and that the baths are sufficiently used, and bathing parades sufficiently frequent. For European troops it must be stated whether swimming baths are available.

XII. GYMNASTICS AND GAMES.—That games and gymnastic exercises are so conducted as to conduce to the health of the troops and to prevent injury.

XIII. WATER.—That the water-supply is good and abundant ; that wells are properly covered, and that there is no soakage from cesspools, drains, &c., into them.

XIV. LOCAL MALARIA.—He is to examine into any sources of local malaria in the vicinity of the Garrison, Station, Barrack, Camp, Jail or Hospital, with the view to recommending suitable precautionary measures in regard to them.

XV. SANITARY STATE OF HOSPITALS.—He is to satisfy himself that the drainage, ventilation, cleanliness, water-supply, closets, latrines, urinals, and sinks of every Hospital are in good condition, and that the means of lighting every Hospital are sufficient.

XVI. AS TO PROPER NUMBER OF SICK.—He is to ascertain whether the number of sick in each Hospital ward exceeds the number prescribed by regulation.

XVII. WHETHER EXCRETA ARE PROMPTLY REMOVED.—He should satisfy himself that the excreta of the sick are promptly removed from the wards, and report if dry earth conservancy is efficiently carried out.

**XVIII. BATHS, LAVATORIES, &c., OF HOSPITALS.**—That the sick have suitable means of cleanliness, and that the baths and lavatories connected with the Hospital are sufficient and in good condition.

**XIX. VICINITY OF HOSPITAL.**—That the vicinity of the Hospital is in a good sanitary condition.

**XX. CLEANLINESS.**—Also, as to the cleanliness and sufficiency of the bedding, linen, ward furniture, and utensils. The kind of bedding used in Hospitals and in Barracks to be noted.

**XXI. KITCHEN ARRANGEMENTS.**—As to the sufficiency of the kitchen arrangements and utensils.

**XXII. DIETS AND COOKING.**—As to the quality, variety, and cooking of the diets.

**XXIII. DIET TABLES.**—That the Diet Tables for European troops are in accordance with regulations, and properly hung up in the wards.

**XXIV. MEDICAL ATTENDANCE.**—That the medical attendance and nursing of the sick are efficient.

**XXV. WHETHER HOSPITAL HAS BEEN UNHEALTHY.**—He should ascertain whether there has been any unusual amount of disease or mortality originating within the Hospital, and, if so, its cause.

**XXVI. HOSPITAL EPIDEMICS.**—Whether erysipelas, hospital gangrene, fever, dysentery, cholera, or any other epidemic disease, has shewn itself in the Hospital, among the sick or attendants; whether wounds heal easily, and cases of disease recover readily; he should endeavour to trace to its causes any epidemic disease that may exist, and, in consultation with the Medical Officer in charge, to decide upon the means of preventing or mitigating such disease.

**XXVII. STATE OF SURGERY.**—He should satisfy himself as to the state of the Surgery, the quality and supply of medicines and medical comforts, and the efficiency of the Subordinate Medical establishment. The condition of the Field Medicine Chest is also to be noted.

**XXVIII. MEDICAL SUBORDINATE ESTABLISHMENT.**—The conduct of each Apothecary, Assistant Apothecary, Hospital Assistant, Apprentice, and Medical Pupil is to be specially ascertained, and noted.

**XXIX. SURGICAL INSTRUMENTS.**—As to the condition and sufficiency of the Surgical equipments and instruments.

**XXX. HOSPITAL STORES.**—As to the state of the Hospital stores.

**XXXI. REPAIR OF HOSPITAL.**—As to the state of repair of the Hospital.

**XXXII. DISCIPLINE OF HOSPITAL.**—As to the state of discipline of the Hospital, and whether due order and quiet are observed, and the orders of the Medical Officer properly attended to.

**XXXIII. CONVALESCENT AND SPECIAL WARDS.**—He should see that the con-

valescent and special wards, when they exist, are kept clean and properly ventilated, and the attendance and diets good.

**XXXIV. COMPLAINTS.**—He should listen to all complaints or disputes in the Medical Department, and endeavour to arrange them, so that the service may not suffer.

**XXXV. OPERATING-ROOMS.**—He is to inspect the operating-rooms, dead-rooms, and post-mortem rooms, to see that they are suitably provided with tables and other appliances, and are clean, well supplied with water, well ventilated, and warmed, if necessary.

**XXXVI. BURIAL OF THE DEAD.**—He is to inquire as to the arrangements for the burial of the dead, and whether they are sufficient to prevent injury to health, and whether they are properly attended to.

**50. Results of Inspections to be reported to Commanding Officer and Inspector General.**—To prevent loss of time, the Inspecting Officer should give any advice, in writing, on the spot, that may appear requisite, on any matter included under these instructions, to the Commanding Officer and Medical Officer of the Regiment or Corps, or to the Officer in charge of a Jail or Civil Station, or whoever the responsible Officer of the department may be, and as soon as his inspection is completed he shall report, in detail, to the Inspector General, stating fully all defects in the Medical, Sanitary, and Statistical Departments of the Service, the recommendations he has made, with the result of the same, with any suggestions for improvement that may occur

to him. All Inspection reports are to state what action has been taken by local authorities to remedy existing defects. All suggestions for improvement mentioned by Inspecting officers in their Reports are to be furnished to the local authorities also.

Circular No. 126,  
9th January 1868.

Circular No. 162,  
16th January 1868.

**51. INSPECTION REPORTS TO BE PROMPTLY FORWARDED.**—As a tardy transmission of Inspection Reports impairs their utility, Inspecting Officers are directed to despatch each Report to the Inspector General, with the least possible delay.

(For form of Inspection Report see *Appendix*.)

**52. Deputy Inspector General, Indian Medical Department to control Store Depots.**—Deputy Inspectors General of the Indian Medical Department are to inspect, report upon, and control the depôts of Medical Stores in their respective circles, except at the Presidency, where the general Store depôt is under the immediate control of the Inspector General, Indian Medical Department.

**53. Indents may be passed by any Administrative Officer.**—Indents for Medical and Commissariat Stores will be complied with on the countersigna-

ture of the Deputy Inspector General of the branch of the Service, under whom the Executive Medical Officer making the requisition may be placed.

**54. Administrative Officer to be careful in sanctioning issues.—**

All Administrative Medical Officers are required to exercise the utmost vigilance in controlling the expenditure of Medical and Commissariat stores in the Hospitals under their superintendence, sanctioning indents for such articles only as they may consider to be necessary, and limiting quantities, according to their experience and judgment of the necessities of the various Hospitals.

**55. Undue expenditure of Medicines, &c., to be investigated.**

—Whenever the expenditure of an article appears to be excessive, Deputy Inspectors General are directed to ascertain the cause of the excess, and, if

Cir. No. 992 of needful, to compare the recorded prescriptions with the 1860. reported expenditure, and they are enjoined to direct

every possible precaution for the preservation and safe custody of all Medical and other stores supplied by Her Majesty's Government. Instances of misappropriation, or of wasteful or negligent expenditure, are to be brought to the notice of the Head of the Department without delay.

G. O., No. 2,647 of 1860.

G. O., No. 924 of 1861.

Executive Medical Officers, who neglect to report losses of Government Stores, or Deputy Inspectors General, who fail to take notice of extravagant and wasteful Hospital management, render themselves pecuniarily liable for any loss or injury sustained by Government, which may result from their own inattention to duty.

**56. Unauthorized articles of supply not to be sanctioned without a reference.**—Deputy Inspectors General of either branch of the Medical Department have no power to order the issue of unauthorized articles of diet, or other articles of Hospital supply. Requisitions for articles not included

Cir. No. 874, 25th May 1860.

Circular No. 2,995, 23rd August 1865.

in the sanctioned diet tables, or the lists of Bazaar supplies and Hospital miscellanies, are invariably to be sent on to the Inspector General, who, with the permission of Government, has alone the power to sanction the issue.

**57. Stationery Indents.**—In transmitting Divisional Indents for stationery, Deputy Inspectors General are required to certify that they have “checked the indents of Executive Medical Officers with the scale published “in G. O. G., No. 135 of 21st April 1863, and No. 230 of 21st June “1864,” and in the Civil Department that the indents of Executive Medical Officers have been checked “to the narrowest limits consistent with efficiency.”

**58.** All indents for stationery are to be drawn up and forwarded by Deputy Inspectors General, in strict accordance with the rules published in the *Fort Saint George Gazette* of 1st March 1864, and are to be submitted to the Inspector General not later than the 1st September in each year.

59. **Inspection of Jails, Civil Hospitals, and Dispensaries.**—Deputy Inspectors General, Indian Medical Department, are authorised to inspect and report on the sanitary condition of all Jails, Civil Hospitals, Dispensaries, and other public establishments at Civil stations.

60. **Correspondence.**—Deputy Inspectors General of Hospitals correspond direct with Officers Commanding Divisions, or Brigades, within their respective circles. When absent from head-quarters on duty, they are to report themselves monthly, or oftener, if necessary, to the Generals Commanding Divisions. In corresponding with the Inspector General of their own department, all communications, except those of a demi-official or confidential nature, are to be addressed to the Secretary to the Inspector General.

61. **COPIES OF IMPORTANT CORRESPONDENCE TO BE SENT TO HEAD-QUARTERS.**—Deputy Inspectors General of Hospitals will transmit to the Heads of their respective Departments, an intimation of all orders, comments, instructions, approbation, or censure, which they have thought proper to convey to the Medical Officers under their control.

62. **OFFICIAL DIARY.**—Administrative Medical Officers of the Indian Medical Department will keep an official diary of their proceedings, correspondence, &c., weekly extracts of which, are to be forwarded to the Inspector General.

63. **OFFICIAL PAPERS TO BE FORWARDED PROMPTLY.**—Deputy Inspectors General will immediately notice any neglect or failure, on the part of Executive Medical Officers, to furnish with promptitude and regularity the official returns and documents required by regulation.

64. **DEPUTY INSPECTORS TO GIVE OPINION IN FORWARDING COMMUNICATION.**—Deputy Inspectors General are prohibited from forwarding communications from Executive Medical Officers, without stating their opinion and observations on the same.

65. **EACH COMMUNICATION CONFINED TO ONE SUBJECT.**—Each letter addressed to the Inspector General, or forwarded by Deputy Inspectors General, must be confined to one subject. The fullest available information is always to be given in the submission of any subject for the decision of the Inspector General, or Government.

66. **REPORTS AND RETURNS TO BE RENDERED PUNCTUALLY.**—Deputy Inspectors General will prepare and furnish to the Inspector General of their own branch of the Service, punctually to date, the various Returns and Reports required of them by regulation (See *Section XX.*) In forwarding these documents, care is to be taken that they are properly packed and



secured, and that the envelopes are strong enough to preserve them from injury or damp, during transit.

67. **INCORRECT AND INFORMAL PAPERS.**—Deputy Inspectors General are required to send back for correction all returns, reports, and documents of every description furnished by executive Medical Officers, when not made out in strict conformity with the regulations. Deputy Inspectors General are held responsible that every document, issuing from their offices, is correctly drawn up. When documents are forwarded *without remark*, the administrative Medical Officer will be regarded as approving of them, and he will participate in any disapprobation which the Head of his Department, or superior authority may express, in regard to the author of such documents.

68. **RETRENCHMENTS, AND CORRESPONDENCE CONCERNING.**—Replies to Circular No. 192, retrenchments made by the Examiner Medical Accounts 14th Jan. 1868. are to be forwarded by Executive Medical Officers, through Deputy Inspectors General, who, in countersigning such replies, will note their approval or disapproval of the explanations given.

69. **Vaccination.**—Deputy Inspectors General are enjoined to see that vaccination is efficiently performed by the Medical officers and subordinates

Cir. No. 2,175 of attached to European and Native Regiments, on the families, servants, and followers of every description, residing in or near to Barracks, Native Lines, and Military cantonments. 1861.

70. **Invaliding Committees.**—Deputy Inspectors General will, whenever practicable, sit as Presidents of Medical Boards, for the invaliding of European and Native Troops, for reporting on the state of health of Military officers, and for confirming, or otherwise, medical certificates granted by Executive Medical Officers to Military and Civil servants of the Government.

71. **Examination of Candidates for Pension.**—Deputy Inspectors General, Indian Medical Department, will, after approval, countersign all medical certificates given with a view to the admission of uncovenanted servants of the Government drawing Rupees fifty per mensem and upwards, to the Pension establishment. At their annual visits to out-stations, Deputy Inspectors General will examine all persons who have been provisionally granted pension, pending confirmation of a Medical Certificate, as well as all applicants desirous of obtaining a certificate by reason of old age, infirmity, or other incapacitating circumstances.

72. **NOT PERMITTED TO UNDERTAKE EXECUTIVE DUTIES.**—Deputy Inspectors General are not allowed to undertake executive duties, except under exceptional circumstances, nor are they permitted to engage in private practice. G. O. G. No. 107 of 1850. Cir. No. 2,748 of 4th July 1866.

73. **OFFICE ALLOWANCE.**—An allowance of Rupees seventy-five per mensem,

as a grant-in-aid for the performance of clerical duties, is made for each administrative circle of medical superintendence. Printed forms

G. O., Mily. Dept.,  
No. 3,700 of 22d Sep.  
1868.

are supplied to Deputy Inspectors General free of cost.

Stationery required for their public duties may be obtained from the Government Stationery office on payment.

74. Clerks employed by Deputy Inspectors General are not eligible for superannuation pensions.

75. **Ex-Officio Sanitary Officers.**—Deputy Inspectors General are ex-officio Sanitary Officers of the stations in which they reside. They are also members of Cantonment Committees.

G. O. G. G. No. 603  
of 1867.

76. **SANITARY ENCAPPING.**—Deputy Inspectors General of Hospitals and Sanitary officers will acquaint themselves personally with the usual encamping grounds within two marches from their Head-quarters; and where there is no railway or inland water communication, Deputy Inspectors General shall visit the encamping grounds and Rest-houses under their annual inspections, and report on such matters that may prove injurious to Troops halting. Their attention is directed to the following points:—

I. The wholesomeness or otherwise of the water in the neighbourhood, should be ascertained by means of information from the inhabitants, or by a rough analysis.

II. If cholera at any time has made its *first appearance* among Troops while encamped on the ground, or if it has ever been brought there with Troops; the interval passed since there was cholera there, or in the neighbourhood, and the time of the year it generally breaks out.

77. **VISITATION OF TROOPS ON ARRIVAL, BY SEA OR LAND.**—In case of sickness among Troops within two marches of head-quarters, the Deputy Inspector General, or in his absence the Senior medical officer, shall immediately proceed to the camp, and offer such aid and advice as may be called for, to the Officer Commanding, and the medical officer; and as a duty the Deputy Inspector General, or senior Sanitary Officer, will visit all bodies of Troops on their first arrival at a Military station by sea or land; the Station Staff Officer intimating the arrival to the administrative Medical Officer concerned.

(For Sanitary Regulations in force generally see *Section X.*)

SECTION II.  
EXECUTIVE MEDICAL OFFICERS.

*(Military.)*

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- I.—Assistant Surgeons.
  - II.—Surgeons.
  - III.—Surgeons-Major.
  - IV.—Staff Surgeons, British Medical Service.
  - V.—Garrison and Staff Surgeons, Indian Medical Department.
  - VI.—Regimental Surgeons, British and Indian.
- 

**Regulations for the examination of Candidates for the appointment  
of Assistant Surgeon in Her Majesty's Indian Medical  
Department.**

Regulations applicable to European Officers in India, p. 910.

1. All natural born subjects of Her Majesty, between twenty-two and twenty-eight years of age, at the date of examination, and of sound bodily health may be candidates.
2. Candidates must subscribe and send into the Military Secretary, India Office, Westminster, a declaration according to the annexed form—  
The declaration must be accompanied by the following documents:—
  - (a.) Proof of age, either by extract from the register of the parish in which the candidate was born, or by his own declaration, pursuant to the Act 5 and 6 Will. 4, Cap. 62, such extract and declaration respectively bearing the stamps required by law.
  - (b.) A certificate of moral character from a magistrate, or a minister of the religious denomination to which the candidate belongs, who has personally known him for at least two preceding years.

(c.) A candidate must possess a diploma in Surgery, or a license to practice, as well as a degree in Medicine, or a license to practice it in Great Britain or Ireland.

(d.) Degrees, diplomas, licenses, and certificate of their registration, in accordance with the Medical Act of 1858, must be lodged at the India Office, for examination and registry, at least one fortnight before the candidate appears for examination.

3. On producing the foregoing qualifications, the candidate will be examined by the examining board in the following subjects :—

Anatomy and Physiology.

Surgery.

Medicine, including therapeutics, diseases of women and children, chemistry and pharmacy, and a practical knowledge of drugs. (The examination in medicine and surgery will be in part practical, and will include operations on the dead body, the application of surgical apparatus, and the examination of medical and surgical patients at the bed side.)

#### DECLARATION AND SCHEDULE OF QUALIFICATIONS.

Christian and Sec. name at full length.	{	I. _____
		years of age in _____ last, <i>vide accompanying certificate</i> , a candidate for employment as Assistant Surgeon in Her Majesty's Indian Medical Service, do hereby attest my readiness to engage for that service, and to proceed on duty immediately on being gazetted.
		I declare that I labour under no mental nor constitutional disease, nor <i>any imperfection</i> or disability that can interfere with the most efficient discharge of the duties of a Medical Officer.
		I have the degree of A. M. or A. B. from the _____
		I have the degree of M. D. or M. B. from the _____
The dates of gradu- ations and the uni- versities or colleges are to be stated.	{	I have a license to practise Medicine from the _____
		I have a diploma in Surgery from the _____
		I have a license to practise Surgery from the _____
		(Signature at full length.)
		(Date.)
		(Place of Residence.)

Candidates, who desire to be examined in natural history, are to sign the following declaration :—

“It is my intention to undergo the examination in natural history.”

4. The eligibility of each candidate for the Indian Medical department will be determined by the result of the examinations in these subjects only.

5. Candidates who desire it will be examined in comparative anatomy,

zoology, and botany, with special reference to *materia medica*, and the number of marks gained in these subjects will be added to the total number of marks obtained in the obligatory part of the examination by candidates who shall have been found qualified for admission, and whose position on the list of successful competitors will thus be improved in proportion to their knowledge of these branches of science.

NOTE.—This paper, when filled up, is to be returned under cover to the Military Secretary, India Office, London, S. W.

6. Candidates who may desire it may also be examined in the elements of physics and in physical geography.

7. The examiners in London will prepare a list, in order of merit, with the marks affixed in the different subjects, for the information of the Professors in the Army Medical School at Netley. If a candidate is found to be deficient in any particular subject, this shall be stated, in order that he may receive special instruction on the point at Netley.

8. Subsequent to passing this examination, every candidate will be required to attend one entire course of practical instruction at the Army Medical School, before being admitted to his examination for a Commission. The course of instruction at Netley is to be of not less than four months' duration.

The subjects specially taught in the Army Medical School are:—

- (1.) Hygiene.
- (2.) Clinical and Military Medicine.
- (3.) Clinical and Military Surgery.
- (4.) Pathology of diseases, and injuries incident to military service.

9. At the conclusion of the course, candidates will be required to pass an examination on the subjects taught in the school. The Professors of the School will conduct the examination. The Director General, Army Medical Department, or any Medical Officer deputed by him, may be present and take part in the examination. If the candidate give satisfactory evidence of being qualified for the practical duties of an Army Medical officer, he will be eligible for a commission as assistant surgeon. The commissions of assistant surgeons bear date from the day of joining at the Army Medical School.

10. During the period of his residence at the Army Medical School, each candidate will receive an allowance of five shillings per diem with quarters, or seven shillings per diem without quarters, to cover all costs of maintenance; and he will be required to provide himself with uniform, (*viz.*, the regulation undress uniform of an Assistant Surgeon of the British Service, but without the sword.)

11. All candidates will be required to conform to such rules of discipline as the Senate of the Army Medical School may from time to time enact.

The persons who shall be pronounced by the examiners to be the best qualified in all respects, will be appointed to fill the requisite number of appointments as assistant surgeons in Her Majesty's Indian army. Their position on the list of assistant surgeons will be determined by the combined result of the preliminary and final examinations; and so far as the requirements of the service will permit, they will have the choice of Presidency in India, according to their position on that list.

12. Assistant Surgeons who shall neglect or refuse to proceed to India under the orders of the Secretary of State for India, within two months from the date of their appointment, will be considered as having forfeited it, unless special circumstances shall justify a departure from this regulation. \*

13. The physical fitness of candidates will be determined previous to examination, at Chelsea Hospital, by a Board of medical officers, who are required to certify that the candidate's vision is sufficiently good to enable him to perform any surgical operation without the aid of glasses. A moderate degree of myopia would not be considered a disqualification, provided it did not necessitate the use of glasses during the performance of operations, and and that no organic disease existed.

Every candidate must also be free from organic disease of other organs, and from constitutional weakness, or other disability likely to unfit him for military service in India.

14. The Examinations for admission to the Indian medical service are notified by public advertisement, and will usually take place twice a year, viz., in February and in August.

15. Assistant Surgeons are provided with a free passage to India, on appointment, or a passage allowance will be granted in lieu of free passage.

16. The pay of an Assistant Surgeon, from the date of passing the final examination at the Army Medical School, Netley, until the date of his arrival in India, is ten shillings per diem; Indian pay and allowances, and period of service for pension reckon from date of arrival in India. The period of service at the Army Medical School will reckon as service for the full pay pension only.

17. ASSISTANT SURGEONS TO REPORT ARRIVAL AND DEPARTURE.—Assistant surgeons of the Indian Medical Department, on arrival at Madras, are to report themselves either personally or by letter to the—

Brigade Major, Fort St. George.

Adjutant General of the Army.

Quarter Master General of the Army.

Inspector General, Indian Medical Department. .

18. If the report is made in writing, the place of residence must be specified, and any change of address during stay in Madras is to be reported. Departure from the Presidency must be similarly notified to the abovementioned Departments.

**Regulations for the guidance of newly admitted Assistant Surgeons,  
Indian Medical Department.**

19. PROBATIONARY DUTY.—In order that assistant surgeons newly appointed may have opportunities of practically studying the peculiarities of tropical diseases, they will, on first arrival in Madras, be directed to do duty under the orders of the Physician or Surgeon of the General Hospital, or under a medical officer of one of the medical institutions at the Presidency.

20. Whenever the exigencies of the service will permit, the probationary course of assistant surgeons shall extend over a period of six months.

21. PARTLY IN MILITARY HOSPITALS.—As Medical officers of the Indian service are required to afford medical aid to European military and civil servants of the Government, and as a practical knowledge of the treatment of the diseases which affect Europeans in India is deemed most essential to the usefulness of young assistant surgeons, it is directed that with the sanction of the Inspector General of Hospitals, British Medical Service a portion of the probationary course be occupied in attendance upon the practice of a European Military Hospital at the Presidency, or elsewhere. Assistant surgeons, while doing duty in Her Majesty's European regimental hospitals, will be subject to the orders of the Inspector General of Hospitals, British Medical Service.

22. INSTRUCTIONS FOR PROBATIONERS.—The following detailed instructions relative to probationary duties are to be strictly observed by all concerned:—

a. Assistant surgeons are directed to apply themselves to the study of Indian diseases, and their appropriate treatment. They are to observe carefully the practice of the Surgeons under whom they are placed, and they will be permitted to treat, under the strict supervision of the Surgeon of the Hospital, such cases, medical and surgical, as he may entrust to them.

b. It is to be distinctly understood that the sole charge of severe cases of disease, where the preservation of the patients' life depends on the treatment pursued, must not, at first, be entrusted to assistant surgeons doing probationary duty.

c. Assistant surgeons will keep journals of their cases, according to established form, in their own handwriting. Under ordinary circumstances, every case entrusted to their charge must be entered in the journal. The Surgeon in charge of the Hospital will consider it his duty to record in the

probationer's journal such remarks as he may consider necessary on any of the cases, and to note any errors or omissions in the daily entries. At the end of every month, the assistant surgeon will make a selection of not less than six cases, which have been recorded in the journal, and submit them, through his immediate superior, to the Deputy Inspector General of Hospitals of the circle, who will transmit them to the Inspector General Indian Medical Department.

*d.* The cases so selected should be fully reported, both as to diagnosis and treatment. They should be copied on sheets of foolscap paper, stitched together, folded, and docketed like other professional papers. It is especially directed that each monthly journal shall contain a full commentary on the cases treated, and that whenever cases have ended fatally, the pathological conditions of affected organs shall be fully noted.

*e.* Deputy Inspectors General of Hospitals are enjoined to inspect all probationary journals with particular care, and to enter their opinions in the way of comment on such points of practice as may appear to require notice. If the Deputy Inspector General feels it necessary to enter critical notes on the journals, they are to be returned to the young medical officer, before being passed on to the Inspector General's office. Probationary Assistant surgeons, who may be doing duty at the Presidency, are enjoined to attend the practice of the Eye-Infirmiry, Lying-in, and Lock Hospitals, especially on the days set apart for operations or examinations.

*f.* After three months' probationary duty under a medical officer of the Indian Medical Department, the Assistant Surgeon will, if the exigencies of the service permit, be transferred to a hospital in which European military sick are treated. These periods of probationary duty may be shortened or lengthened, according to the mode in which the assistant surgeon conducts his duties, at the discretion of the Head of the Medical Department.

23. TO STUDY DEPARTMENTAL REGULATIONS.—During the period of probationary duty, Assistant Surgeons are expected to make themselves familiar with the regulations of the Medical Department, and before they are permitted to enter upon the general duties of the Department, the Inspector General will cause them to be examined as to their knowledge of the various sections of the Code.

24. VERNACULAR LANGUAGE.—A knowledge of one of the vernacular languages, Hindustani, Tamil, or Telugu, is required on the part of Assistant Surgeons ere they can be nominated to any permanent appointment, Civil



or Military. Until he shall have passed the examination known as the

Despatch of Secretary of State No. 235 of 1866.

"Lower Standard," an Assistant Surgeon is restricted to the unemployed rate of pay of his rank, no matter how he may be employed. It is expected, therefore, that

every Assistant Surgeon will, during his probationary course, acquire the knowledge of a Native language, so as to pass the examination required by regulations, before he is entrusted with an independent charge.

25. **Promotion to Surgeon.**—BRITISH MEDICAL SERVICE.—The promotion of Executive medical officers of the British Service is regulated by Royal Warrant, dated 1st October 1858, and all the arrangements in connection therewith, are made by the Director General, Army Medical Department.

26. **PROMOTION**—INDIAN MEDICAL DEPARTMENT.—No Assistant Surgeon shall be eligible for promotion to the rank of Surgeon until he shall have passed such examination as the Principal Secretary of State for India in Council may require, and shall have served in India, with the commission of Assistant surgeon, for five years, of which two shall have been passed in, or with, a Regiment.

(N. B.—This regulation regarding two years of regimental duty is to be strictly enforced only in the case of Medical Officers who have entered the service after 13th January 1860.)

27. Assistant surgeons of twelve years' service, from the date of first commission (of which two years shall have been passed in charge of a Native Regiment), who shall have passed the prescribed examination in professional subjects, will be promoted to the rank of Surgeon.

28. **FIXED ESTABLISHMENT.**—The fixed establishment of Medical officers, above the rank of Assistant surgeon, for the Madras Medical department, is eighty-six, but officers in the department before 13th January 1860, who may be promoted under Clause 26, should they be supernumerary to the fixed establishment, will be borne on the list as supernumeraries, and no promotion by seniority will take place until such supernumeraries are absorbed. The establishment of commissioned Medical Officers of all ranks sanctioned for the Indian Medical Department, Madras Presidency, is one hundred and eighty-seven.

29. **Examination prior to promotion.**—The promotion of Assistant Surgeons, who have entered the service subsequent to 13th January 1860, will be regulated by length of service only, subject to the conditions of two years service with

Regulations applicable to European officers in India, p. 917

a Native Regiment, and passing a satisfactory examination according to the following rules :—

*Rules for the Examination of Assistant Surgeons previous to Promotion.*

(a.) This examination is intended as a test for promotion, and may be taken at any time after the Assistant surgeon has served five or more years.

(b.) When Assistant Surgeons have served the requisite time, they will be examined in the following manner :—

A series of printed questions, prepared by the Inspector General Indian Medical Department, will be sealed and sent to the Principal Medical officers of stations where Assistant surgeons may be eligible for examination. It will be the duty of the Principal Medical officer of the station to deliver these sealed questions to the Assistant surgeons, and to see that they are answered without the assistance of books, notes, or communication with any other person. The answers are to be signed, and delivered, sealed, to the Principal Medical officer, who is to send them, unopened, to the Inspector General of the Presidency, together with a certificate from the Surgeon of the Regiment, or other superior Medical Officer, that the Assistant surgeon has availed himself of every opportunity of practising surgical operations on the dead body.\*

(c.) The Assistant surgeon will also be required to transmit, together with his answers to the Inspector General, a Medico-topographical account of the station where he may happen to be at the time, or of some other station where he may have been resident sufficiently long to enable him to collect the necessary information for such a report. Failing this, he will send a Medico-statistical report of his Regiment for a period of at least twelve months.

(d.) If the Inspector General Indian Medical Department is satisfied with the replies to the questions, and with the certificates and Medico-topographical or statistical report, the Assistant Surgeon will be held qualified for promotion.

**30. Promotion to Surgeon Major, Indian Medical Department.**

Royal Warrant, 18th Jan. 1860.  
G. O. G. G., No. 507 of 1864. —A Surgeon who has completed twenty years' service from date of first commission, including all leave of absence of whatever kind, is promoted to the rank of Surgeon Major.

**31. A Surgeon of less than twenty years' standing may be promoted**  
G. O. G. G., No. 941 of 1868. to the substantive rank of Surgeon Major as a reward for distinguished service. "The recommendation detailing the services for which the officer is proposed for promotion, shall be published in the General Orders of the Army, and in the *Gazette* in which such promotion shall appear."

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\* The Assistant-Surgeon may see this certificate before it is sent to the Inspector General.

**32. Staff Surgeons and Assistant Surgeons (British Medical**

Director-General's  
letter, 5th Aug. 1865.

**Service).—**The sanctioned strength of Executive Medical officers of this class for the Madras Presidency is—

Two Staff Surgeons.

Twenty-four Staff Assistant Surgeons.

**33. DUTIES.**—Staff Surgeons Major, Staff Surgeons, and Staff Assistant Surgeons of the Army Medical Department, will be employed on general service, and will be appointed to, transferred, or removed from their stations or charges by the Commander-in-Chief, on the recommendation of the Inspector General, British Medical Service, and they are placed under the orders of the latter officer, who will employ them where their services are most required.

**TO DO EXECUTIVE DUTY IN HOSPITALS.**—They will do executive duty in any General or Dépôt Hospital to which they may be appointed.

**TO TAKE CHARGE OF REGIMENTS, IF REQUIRED.**—They will take Medical charge of any Regiment, Brigade, or Battery of Artillery, or Detachment of a Corps, in the absence of the Surgeon, if required, and perform all the duties required by the regulations of regimental medical officers.

**CHARGE OF INVALIDS, TROOPS, OR SICK ON BOARDSHIP.**—They are to do duty on board transport ships conveying either invalids, sick, or duty men.

**34. DURATION OF STAFF DUTY IN INDIA.**—Staff duty in India is usually for a period of five years, unless such period be incompatible with the interests of the public service.

**35. Medical attendance on officers of British Army.**—Officers of Her Majesty's British army are to consider the senior executive Medical Officer of that army their official medical attendant at any station where they may be temporarily residing upon general leave, special duty, or for the benefit of health.

(This regulation, however, does not apply to officers visiting the Presidency, who are entitled to the attendance of the district Surgeon, or to those who visit established sanatoria on the Neilgherry Hills, to which officers of the Indian Medical Department are appointed.)

**36. EUROPEAN DETAILS.**—Details of Her Majesty's British Troops and families of men detached from their Regiments, will be treated by the senior Medical officer of that Service present.

**37. DEPOTS, BRITISH TROOPS.**—The established Dépôts for British Troops at Poonamallee, Wellington, and Ramandroog, are exclusively under the charge of Medical Officers of the British Army.

**38. Staff or Garrison Surgeons, Indian Medical Department. Duties of Garrison, Staff, and Depot Surgeons.**—It is to be considered the regular duty of Garrison, Staff, and Depot Surgeons to afford medical

aid gratuitously, at their respective stations, to the General, Division, and Garrison staff, both commissioned and non-commissioned; to all effective officers residing at the station, and not otherwise provided for; to all casual visitors of the same class, and to the families of officers absent on Military duty or service; to all European pensioners and their families; to details of Native troops, including invalids; and to all lascars, the corps of dooly bearers, veterinary pupils, and every description of garrison establishment, and to all classes of followers, permanently or temporarily receiving pay from Government.

39. Officers and subordinates of all grades of the Public Works and G. O. G. No. 383, Telegraph departments, residing in any Cantonment of 1864. under proper authority, are entitled to professional attendance from the Staff or Garrison Surgeon for themselves, and in the case of the Warrant and Non-Commissioned officers, for their families; also officers and subordinates residing in the immediate vicinity of Cantonments, though not within the actual boundary, are, when there is no Civil Surgeon at the station, entitled to similar attendance from the Staff, or Garrison Surgeon.

40. GARRISON SURGEONS PLACED IN CHARGE OF DEPOTS OF MEDICAL STORES.—Garrison Surgeons shall be placed in charge of, and regulate the receipts and issues of, the Depôts of Medical stores for the divisions to which they are respectively attached, under the inspection and control of Deputy Inspectors General of the Indian Medical Department.

Medical Stores are maintained at the following Stations, viz. :—

Bangalore.....	}	Under the charge of Garrison Surgeons.
Bellary.....		
Cannanore.....		
Trichinopoly.....		
Rangoon.....		
Kamptee.....	}	Under the charge of the Staff Surgeon, or Senior Regimental Surgeon (Indian Medical Department) at the station.
Secunderabad..		
Vizagapatam.....		

41. MEDICAL DUTY OF STATIONS OR CANTONMENTS TO WHICH NO MEDICAL STAFF OFFICER MAY BE ATTACHED.—At Stations or Cantonments to which no Medical staff officer may be attached, the duty is to be performed by the senior regimental officer of the Indian Medical Department present.

42. GARRISON SURGEONS OF TRICHINOPOLY AND BELLARY ALSO CIVIL SURGEONS.—The Garrison Surgeons of Trichinopoly and Bellary perform the duties of Civil Surgeon of those Districts, respectively.

43. Garrison Surgeoncies are established at—

Bangalore.  
Bellary.  
Cannanore.  
Trichinopoly.  
Rangoon.

44. GARRISON ASSISTANT SURGEON.—At Bangalore, an Assistant Garrison Surgeon is allowed. The Cantonment is divided into two medical districts; the Garrison Surgeon does the duty of one, and the Assistant Garrison Surgeon of the other.

45. STAFF SURGEON, SECUNDERABAD.—A Staff Surgeon is sanctioned for the Cantonment medical duties of Secunderabad, and at  
G. O., No. 3,269 of 1864, M. D.      Kamptee the senior regimental medical officer performs them.

46. **Regimental Medical Officers, (British and Indian).—DUTIES.**  
—Medical Officers are to perform their respective professional duties under the instructions and control of the Administrative medical officer of their circle, subject, except as regards Medical treatment, to the orders of their respective Commanding Officers. The Commanding Officer will possess, and should exercise, an effective supervision over the manner in which the various duties are performed, in order to enforce due attention to the general health of the men, and to the comfort of the sick in Hospital.

47. REGIMENTAL SURGEON.—The Regimental Surgeon, on joining, is forthwith to make himself acquainted with the constituent parts of his Corps, by personal examination, and by reference to the Regimental Returns. He should allot to the Assistant Surgeon, if present, and Subordinate Medical establishment, such specific duties in the way of inspection, attending parades, ball practice, field days, &c., where professional assistance may be required, keeping registers and books, making up returns, preparation of medicines, and attendance on the sick as he may consider advisable; the Surgeon himself being held responsible for the treatment of the sick, the condition of the Hospital, and for the medical and sanitary administration of the Corps generally. Should there be no Assistant Surgeon, the Surgeon himself will attend all ball practice and field days.

48. SURGEONS TO BE PRESENT ON PARADE ON INSPECTION DAYS.—Every Medical officer is bound to be present in his place on parade,  
B. M. S. Cir. No. 25, 3rd Sept. 1868.      when the Corps to which he belongs is inspected by a General Officer, and if his special duties are such as to compel him, for the benefit of the public service to absent himself on such occasions, he should make a point of applying beforehand to his Commanding Officer to have

his attendance dispensed with, in order that his absence may be duly accounted for.

Medical Officers of Native corps are required to wait upon the Commanding Officer every Monday morning at orderly room hour with a weekly state of the sick. The Medical Officer must always be present when the Regiment fires blank or ball cartridge.

49. TO HAVE CONTROL OF MEDICAL DEPARTMENT.—The Regimental Surgeon shall have the control of everything belonging to the medical establishment of the regimental Hospital, and shall issue whatever professional instructions may appear to him to be requisite to the Apothecary, Assistant Apothecary, Hospital Assistants, Apprentices, Pupils, Hospital Serjeant and inferior servants.

50. COOKING, CLOTHING, &c.—He shall satisfy himself as to the quality and cooking of the diets, and as to the clothing, bedding, and comfort of the sick.

51. LISTS TO BE MADE OUT.—He shall from time to time cause to be made out, the necessary lists of medicines, medical comforts, and medical and surgical appliances required for the Hospital; and also all requisitions for supplies furnished by the Commissariat Department.

52. The indents are to be framed after due consideration of the wants of the sick, and with the strictest regard to economy of expenditure. (See Section XIII. "INDENTS.")

53. STATION OF MEDICAL OFFICERS.—When a European Regiment is divided, the Surgeon or senior medical officer present is in general to be stationed at the head-quarters, the senior Assistant-surgeon with the largest detachment, and the second Assistant-surgeon with the Surgeon at head-quarters; but if from any circumstance the temporary presence of the Surgeon with a detachment shall be necessary, the Commanding Officer will give directions accordingly, and the Surgeon will explain the arrangements to the Administrative medical officer of the circle.

54. The same principle is to be followed as regards the division of duties in Native regiments, which have ordinarily only one commissioned Medical officer, and two Hospital Assistants attached. When a Wing of a Native regiment is detached from head-quarters, a Surgeon or Assistant Surgeon is to be appointed to the charge of it.

55. ON THE MARCH.—As the spirit of the preceding regulations extends to the divisions of a Regiment on its march, the Surgeon should accompany the last division, as well to ascertain the diligence of the Assistant-Surgeon and Medical subordinates as to make the necessary arrangements for the care of the sick who may be left behind on the route.

56. SURGEON TO VISIT OUTPOSTS.—It will be the duty of the Surgeon to visit occasionally Outposts and Detachments, when these are within a convenient

distance of head-quarters. It is not intended that this duty shall involve any charge to the State for travelling allowance.

57. **Disposal of the sick of a Regiment about to march.**—Previously to the march of an European Regiment from its station, a committee, consisting of the Regimental Commanding Officer, the Deputy Inspector General of the Circle, or in his absence, the senior Medical Officer of the British army on the spot, and the regimental Surgeon, shall minutely examine the state of the men in Hospital, and determine upon such as may be capable of accompanying the Regiment on its march without the aid of carriage; for it is to be clearly understood, that no man shall be permitted to proceed in a dooly, sick cart, or ambulance, from any station at which there may be a Garrison or detail Hospital to receive him; sick carriage being attached to Regiments for the sole purpose of providing for contingencies during the march.

58. **SICK OF A NATIVE REGIMENT ORDERED TO MARCH.**—In order to provide for the care of the native sick, who may be left behind on their regiments being ordered into the field, or to march to a distant station, it is directed that a list of the men, who may be so situated, shall be sent by the Officer commanding the regiment to the Commanding officer on the spot, or, if proceeding from a cantonment where there are no other troops, to the Commanding Officer of the nearest station. In either case, the men who require medical attendance are to be placed in charge of the Surgeon, or Assistant Surgeon of such station. The Commanding Officer is to take the earliest opportunity of forwarding the recovered men to their regiment.

59. **Native sick from foreign service.**—The following regulations, relative to the admission of native sick soldiers and followers returning from foreign service, must be strictly adhered to.

(a.) All native soldiers and public followers, returning sick from foreign service, shall on landing be forwarded to the Native Infantry depôt at Palaveram, unless their cases require immediate medical aid, when they will be admitted into the General Hospital at the Presidency, and retained for observation and treatment.

(b.) In the event of any of the men being discharged as convalescent, they are to proceed to join the details at Palaveram, until permitted to proceed on furlough to their native villages.

(c.) Such men are to be retained as convalescents or patients in hospital, according to circumstances, until reported perfectly fit for duty, or until permitted to proceed on furlough to their native villages.

(d.) A distinct record of the cases and condition at the time of the departure of such men as may be granted leave *on account of their health*, must be retained in the General Hospital at Madras, or the Native Infantry Depôt

Hospital at Palaveram, as the case may be: in order that should any of the men die while so absent, it may be ascertained as far as possible, whether their deaths could fairly be attributed to the disease under which they returned from foreign service.

60. Men who may be granted leave *on account of their health* are to be returned as "sick absent."

61. The principle of the foregoing Regulations is to be held applicable to all native soldiers and public followers returning sick from foreign service, who shall land at any port other than Madras.

62. **Transfer of European Sick to Depots.**—When change to a Sanitarium or to the coast is considered advisable for one or more men of Her Majesty's British Service, forms (prepared for the purpose) are filled in by the Regimental medical officer, and forwarded to the Administrative medical officer of the Circle, who if he approve of the change proposed, will countersign the forms and transmit them to the Inspector General, British Medical Service. If the Inspector General approves of the change he will endorse the papers to that effect and forward them to the Adjutant General of the Army. The necessary orders for the removal of the men will be issued by His Excellency the Commander-in-Chief.

With all sick men, whether invalids for England, or merely men requiring change, who are sent to the invalid Depôt at Poonamallee, a complete set of invalid documents must be forwarded. When convalescents are sent to Wellington, a copy of the detailed Medical history of each case must accompany the sick men.

63. **SOLDIERS ON SICK LEAVE TO BE SENT TO HOSPITAL.**—When a soldier, European or Native, on passport, *for the benefit of his health*, reports his arrival at any station en route, or at the station to which he has obtained leave, he shall invariably be sent by the Commanding or Staff Officer to the Medical Officer in charge of details of the British Army, or to the Garrison or Station Hospital. The soldier will be taken into Hospital, allowed to proceed on his journey, or permitted to remain an out-patient, according to circumstances.

64. When it is not thought necessary to admit the soldier into Hospital, a notification to that effect, dated and signed by the Medical Officer, is to be made upon the statement of his case; and Commanding or Staff Officers are to see that such is done.

65. It is to be entered in passports,\* granted to Soldiers under the above circumstances, that they have been permitted to proceed "for the benefit of their health."

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\* To be prepared in the established form, and never to be engrossed upon the statement of the Soldier's case.



66. **STATEMENT OF CASE TO ACCOMPANY SICK MEN.**—The Medical Officer placed in charge of any patient necessarily left behind, is to be furnished with a statement of the man's case, period of illness, and previous treatment. The same course should be followed, if a patient be transferred to another Hospital or to a Convalescent or an Invalid Depôt. In the latter case a statement of each case must be transmitted to the principal Medical Officer there, perfectly distinct from the Discharge Documents.

67. Any Medical Officer who may be put in charge of a sick soldier, without the prescribed statement of his case and previous treatment, is to report the circumstances to the Administrative Medical Officer of his Circle, through whom all correspondence respecting the man is to be transmitted.

68. **CHARGE OF SICK DETAILS.**—The medical charge of British troops who may be judged incapable of moving, will devolve on a Medical officer of the British Medical Service appointed thereto, whose duty it will be to make a weekly report of their individual state to the Administrative Medical officer of the Circle; and that Officer will, from those statements, frame a monthly report for the information of the Commanding Officer, in order that the necessary steps may be taken for such men rejoining the head-quarters of the Regiment.

69. **SICK MEN PLACED IN HOSPITAL OF ANOTHER CORPS.**—Sick Soldiers if left under the care of a Medical Officer of another Regiment, should be placed in the Hospital thereof, under the sanction of the Commanding Officer, and be included, as usual, in the Returns of such Hospital.

70. **Transfer of Soldiers with affections of the eye.**—All European or Native Soldiers at out-stations are to be sent to the Eye Infirmary at Madras, when *considered advisable* by the medical officer and Deputy Inspector General of Hospitals; in which case a copy of their cases is to be forwarded to the Superintendent of the Eye Infirmary. Native soldiers are not to be

Cir. No. 2,077 of 1867. invalidated on the ground of imperfect vision unless there

is complete destruction of the *right* eye, or so much disorganization of *both* eyes as to render the likelihood of a permanent restoration of useful vision improbable. All cases of serious disease of the eye, likely to lead to the invaliding of soldiers, should be transferred to the Eye Infirmary for treatment and final disposal. Cases should not, as a rule, be detained in Regimental Hospitals for a longer period than two months.

71. **TRANSFER OF MILITARY INSANE.**—In the transfer of Military insane to a Lunatic Asylum, the regulations laid down in *Section XVII "LUNATIC ASYLUMS,"* are to be scrupulously observed by all medical officers of the Military department.

72. **CARE OF SICK SOLDIERS TRAVELLING.**—European Soldiers are not to be permitted to travel by themselves on sick certificate from one station to

another; such movements should be restricted to the cool months of the year; the risk to health and even to life in sickly men while moving in the hot months, say from March to the beginning of July, being very great.

73. In all possible cases, where there is no Railway or Steamer accommodation, advantage is to be taken of detachments proceeding on the same route, and the invalid placed under the charge of the Officer, or Non-Commissioned Officer commanding.

74. In the event of no such detachment being likely to move within a reasonable time, or in cases not admitting of delay, one or two trusty native soldiers are to be sent in charge of the invalid to the place of his destination.

75. Whenever, in the opinion of the Medical Officer, circumstances may require it, a medical attendant is to accompany such invalid.

76. Escorts and medical attendants are to be relieved at every station at which they may arrive.

77. PROVISION FOR THE CASE OF MEN LEFT SICK AT A STATION WHERE THERE IS NO COMMISSARIAT AGENT.—In the case of European soldiers being from necessity left sick under the charge of a Medical Officer, at a station where there is no Commissariat Agent to victual the men, the Surgeon will provide them with diet, clothing, and wine, for which he will submit a contingent bill verified in the usual manner.

78. REPORT ON ARRIVAL OF A BRITISH REGIMENT IN INDIA.—On the arrival of a British Regiment in India, the Surgeon will present to the Inspector General of Hospitals, British Medical Service, a condensed report of the diseases and casualties, from the journal of medical occurrences kept during the voyage; a Return of medical comforts expended; also a List of casualties, with the diseases and their dates, which may have taken place since embarkation. The Medical Officer is also to fill up the Medical Certificates (Medical Certificate Book, page 155 Her Majesty's Medical Regulations) of the results of cases of sickness embarked, and which were entered in the Admission and Discharge Book left behind at the Dépôt, and he is to transmit the certificates to the Medical Officer of the Dépôt, through the Inspector General, in order that the results may be entered in the Admission and Discharge Book. The same rules are to be observed on the homeward voyage.

79. **Hospital Attendance.**—Medical Officers in all General and Regimental Hospitals must regularly visit the Hospital twice a day; in the morning by half-past six o'clock, from 1st March to 1st October, and not later than half-past seven o'clock, from 1st October to 1st March, except when attendance elsewhere on public duty is absolutely necessary; and in the evening an hour before sunset throughout the year, and at such other times as may be requisite; at which hours the patients are to be prescribed for, and

those newly admitted, after having had their persons cleaned, and clothes purified or changed, are to be examined, and allotted to their proper divisions in the Hospital. The resident subordinate attendants will be instructed to make an immediate report to the Medical Officer in charge whenever a case of serious illness is admitted, or when other circumstances may require his prompt attendance.

80. **REGISTRATION OF CASES.**—Prior to the Surgeon's second visit, the Assistant Surgeon, if present, otherwise the Surgeon himself, must enter in the Medical Case Book, every acute or important case, but all cases must be entered in the Nominal Register or Admission and Discharge Book, with the disease as soon as it is clearly diagnosed; the disease should also be entered in the bed head-ticket. The evening Reports in the Case Book should give every change in the symptoms since the morning visit, as likewise a statement of the effects of the medicine prescribed in the morning.

81. **MEDICAL INSPECTION OF PRISONERS.**—All prisoners, prior to being brought before the Commanding Officer, should be taken to the Hospital at the morning visit of the same day, to be inspected by the Surgeon, who will certify their state of health to the Commanding Officer.

82. **OPERATIONS.**—Before performing any capital operation, the Surgeon should, if possible, except in cases where delay would be inexpedient, obtain the advice of a superior Medical Officer, and he should report the operation, with its results, to the Administrative Medical Officer of his Circle.

83. **SANITARY DUTIES.**—In Military establishments the Surgeon or Medical Officer in charge shall perform all the sanitary duties connected with his own Regimental Hospital, Barracks, family quarters, Native lines, bazaars, &c., occupied by the Camp followers of the Corps. See *Section X* (SANITARY REGULATIONS.)

84. **TEMPORARY HOSPITALS.**—Before any building is taken possession of for a temporary Hospital, the principal Medical Officer, or Regimental Medical Officer, as the case may be, shall, together with such combatant officer as may be appointed for the purpose, make a careful sanitary inspection of the building and its vicinity, and shall note the condition of the building as regards external and internal cleansing, drainage, water-supply, ventilation, limewashing, and general cleanliness, the number of beds the building is capable of containing, the number and size of windows and doors, the amount of light, the state of latrines, privies, and urinals, as well as all other matters likely to affect the health of the Hospital or the purity of the air in the wards. The Medical Officer shall report on the same, with his recommendations for removing defects, to the Commanding Officer, who will forthwith take the necessary steps for having such recommendations carried out, unless he see

reason to differ from them, in which case he will state in writing his reasons, and transmit them, with the recommendations of the Medical Officer, immediately to the superior authority. The Medical Officer, shall at the same time, transmit a copy of every such report to the Administrative Officer of the Circle, stating what steps have been taken to carry out his recommendations, and the Administrative Medical Officer shall transmit forthwith every such report to the Inspector General, with any remarks he may have to make on the same.

85. **SANITARY STATE OF HOSPITALS.**—It shall be the duty of the Medical Officer to attend to the daily sanitary condition of the Hospital under his charge. He shall require that the vicinity of the Hospital be preserved in a good sanitary state, that the surface be properly drained and swept daily, that there be no nuisances, that the water-supply be good and abundant, that the latrines be in an efficient state, that the drainage be not obstructed, that the ventilation of the wards be at all times efficient by day and night, that the Hospital be kept in a proper state of repair, that the walls be frequently limewashed, and cleansed by scraping, if necessary, that the flooring, staircases, &c., be kept clean.

86. **CLEANLINESS OF HOSPITAL GROUNDS.**—Where there may be no Conservancy establishment attached to the Quarter Master-General's Department, laborers are to be procured by the Commissariat Department, on indents preferred from the Quarter Master or other Officer in charge, countersigned by the Officer Commanding the Station or Brigade.

87. **Hospital Discipline.**—The doors and windows of Hospitals are to be thrown open every morning at a proper hour; the floors are to be previously sprinkled with water, in order to prevent dust, and then swept, and all stains on the walls or floors are to be washed out.

88. **MILITARY OFFENCES.**—Medical Officers in charge of Military Hospitals should immediately bring all crimes and misdemeanors committed in Hospital to the notice of the Commanding Officer, to be dealt with by him as he may consider advisable. Gaming is strictly forbidden. Disorderly conduct, or insolent behaviour of patients to hospital attendants will merit punishment.

89. **SICK NOT TO LEAVE HOSPITAL.**—The sick in Hospital are not to be permitted to leave the Hospital enclosure without special permission from the Medical Officer in charge.

90. **SMOKING**—Patients in Hospital are not allowed to smoke tobacco in the wards; those for whom the Surgeon considers it is not injurious, may do so in the place appointed by him for the purpose.

91. **NATIVE SOLDIER'S CLOTHING.**—Native Soldiers bring with them into Hospital their own clothing; the Surgeon is to be specially attentive in causing every article of this kind to be kept perfectly clean. The sick are not to be allowed to have foul linen or filthy rags about them.

92. **COTS TO BE REGULARLY PLACED.**—The cots for the use of the European and Native sick are to be regularly arranged in the wards, and kept at such distances from each other as will ensure to each bed the amount of superficial space laid down by regulation.

93. **SWEEPERS.**—The sweepers are to be always in attendance at the Hospital, and are required to remove any kind of filth that may be accidentally thrown upon the floor, or elsewhere.

94. **BED HEAD DOCKETS.**—A docket is to be suspended on the wall over the head of each patient's cot, on which shall be written his name, number, company, date of admission, and disease. In the cases of European sick, the diet ordered for the patient is to be entered on the docket.

95. **QUIETNESS IN HOSPITALS.**—As quietness is indispensable in Hospitals, every duty should be performed with the least possible noise, more especially at night. Every patient must be in bed by eight o'clock; and no conversation must be permitted after that time.

96. **HOSPITAL SENTRIES.**—The duties of the hospital sentries in all Hospitals are not to admit any person, except the Medical Officer, the Inspector or Deputy Inspector General of Hospitals, the Chaplain, the Officers of the Regiment, the persons employed in the Hospital, and visitors at the fixed visiting hours, who must be provided with a pass from the Medical Officer. The sentry must prevent liquor or any other article being carried into the Hospital without the Surgeon's permission, and he must not allow any patient to go beyond the prescribed boundaries.

97. The Rules from the 87th to the 96th paragraph, inclusive, are to be written in English for European troops, and in Hindustani, Tamil or Telugu for Native Troops, and to be pasted on a board, which is to be kept suspended in each Hospital; and the European and Native Commissioned Officers, who shall daily visit each Hospital, will see that the Rules are strictly observed, and report accordingly.

98. **Diet of the sick.**—Medical Officers are to be guided by the sanctioned Diet Tables, as to the kind and quantity of food for the sick. (See *Section XII. "HOSPITAL SUPPLIES."*) Medical Officers should frequently inspect the diets immediately after the issue thereof. A fair copy of the Diet Table is to be pasted on a board, and hung up in a conspicuous place in every ward of the Hospital.

99. **EXTRA DIETS.**—The issue of articles of extra diet, and of malt liquor, wines, spirits, and aerated drinks is to be restricted to cases, which, in the judgment of the Medical Officer, absolutely need them.

100. **MEDICAL COMFORTS FOR EMERGENT USE.**—In all Regimental Hospitals a proportion of beef juice, or extract of meat, wine, spirits, arrowroot, sago,

sugar, and tea, shall be kept on hand, and placed in charge of the Apothecary for emergencies, the same to be given on the order of the prescribing Medical Officer, and accounted for to the Purveyor or Commissariat agent, to whom the signature of the prescribing Officer shall be a sufficient voucher.

101. **ARTICLES OF DIET TO BE WEIGHED IN PRESENCE OF PATIENTS.**—In order that the patients may be satisfied that justice is done to them, one from each ward may be present at the weighing of the articles of ordinary diet before they are cooked.

102. **RATIONS, WITH HOSPITAL DIET, NOT ALLOWED.**—Rations or their equivalent, and Hospital diet cannot be issued to the European Soldier when in hospital: on the day of admission rations are issued to him, and on the day of discharge Hospital diet. This rule is not to prohibit the issue of medical comforts on the day of admission, to such cases as may need them.

103. **Hospital Stoppages.**—For the purpose of checking the stoppages, a list of the names, and numbers, and regiments of the men who have been treated in Hospital during the month, with the dates of their admission and discharge, will be made out by the Hospital Writer, certified by the Medical Officer, and forwarded, through the Deputy Inspector General's office, to the Commissariat officer.

104. **SCALE OF HOSPITAL STOPPAGES**—Patients in the several Military Hospitals (Garrison and Regimental) under this Presidency, supplied with diet by the Commissariat, are subject to stoppages at the following rates:—

	Rate per diem.		
	RS.	A.	P.
Commissioned Officers and superior grades of War- rant Officers, Ordnance and Medical ... ..	1	0	0
Non-Commissioned Officers, Corporals, Bombardiers, Trumpeters, Drummers, and Fifers, Carnatic Ord- nance Artificers, &c. ... ..	0	3	0
Privates and Farriers ... ..	0	2	0
Boys and half pay Buglers ... ..	0	1	0
European and Country born women (wives of Soldiers) ... ..	0	1	0

105. **Exemption from Stoppages.**—Stoppages will be made from the pay of all European Soldiers in Hospital, with the exception of those under treatment for wounds received in action, or on service, or for any fracture, dislocation of bone, dangerous contusion of the head, severe bite or kick from a horse, or any other severe personal injury received while at exercise, or in the performance of stable duties, or whilst actually engaged in any other act of public duty. No stoppage shall be made for the day on which men enter Hospital, but it shall be made for that on which they may be discharged from it.

N. B.—The hospital stoppages from European invalids and pensioners and their wives are to be the same as directed for European troops.

106. Every European Soldier, who may be sent to Hospital, is to be fur-

nished with a certificate signed by the Officer in command of the Troop or Company to which he may belong, describing his name and rank, troop or company and corps, with date annexed; and in cases of men exempted from Hospital stoppages, under the circumstances described in paragraph 105, the same will be notified in the certificates for admission into the Hospital, by the additional words "*Exempted from Stoppages*," or the letters "E. S.;" but these words or letters are merely to be considered as a notice to the Medical Officer, that the injury has been received under some of the circumstances mentioned, and that it is left to the Surgeon or Assistant Surgeon to decide whether the injury be of the description required to bring it within the rule of exemption.

107. Whenever European Soldiers may be discharged from Hospital, each individual is in like manner to be furnished with a certificate by the Medical Officer in charge, specifying name, rank, troop or company and corps, with date of discharge, and in case of exemption from stoppages as above, the letters "E. S." are to be written on the back of every such discharge.

108. In all Hospitals, whether Regimental, Detachment, Garrison, or General Field Hospitals, regular register rolls are to be kept, specifying names, rank, troop or company, and corps, with dates of admission, discharge, and casualties, of all patients who may be in Hospital during each month, together with columns shewing the amount of Hospital stoppages accruing monthly on account of the sick in Hospital, from which correct rolls in the following form will be prepared, and forwarded by the Medical Officers in charge of the sick of corps or Hospitals respectively, on the 1st of each month, to the Deputy Inspector General of their Divisions, for the purpose of their being transmitted without delay to the Comptroller Military Accounts.

#### FORM.

*Roll of the Sick in Hospital of the                      Regiment of*  
*for the Month of                      18                      Station and Date.*

Troop or Company.	General No.	Names.	Rank.	Remaining in Hospital from last month.	Admitted.	Discharged.	Absconded.	Died.	No. of days in Hospital.	Remarks.
1st or Captain A. B.'s Company. }	...	C. F.	Private ...	1	...	...	...	11	11	
	...	G. H.	Serjeant ...	0	10	20	...	...	10	
	...	J. K.	Drummer ...	0	15	30	...	...	15	
	...	L. M.	Woman ...	0	11	27	...	...	16	
2nd or Captain C. D.'s Company. }	...	N. O.	Private ...	1	...	12	...	...	12	
	...	P. Q.	Corporal ...	0	12	24	...	...	12	E. S.

109. **Wives and Children of Soldiers.**—The wives and children of European Soldiers are to be attended by the Medical Officers of the Regiment to which they belong; and when needful for the proper treatment of their cases, they will be received into, and dieted in, the Regimental Hospital, at the expense of Government. This rule applies also to the families of native soldiers, but the latter are not usually admitted into Hospital, nor are they dieted.

110. **RULES FOR THE ADMISSION OF WOMEN AND CHILDREN.**—The establishment of Female Hospitals, for the treatment of sick women and children, who are seriously ill, is a great boon, as in case of severe sickness they can have nursing, attendance, and comforts in Hospital, which they could seldom secure in their own quarters; but, on the other hand, when women with families are not so seriously ill as to necessitate their being confined to bed, their removal to Hospital, when they can be treated in their own quarters, is often a source of inconvenience to themselves and to their young children, who may thus be left without protection, especially when the father is on duty.

111. The considerations therefore to be observed in deciding on the question of admission of a Soldier's wife into Hospital (particularly if she have young children) are, whether her state of health is such as to require confinement to bed, and whether she can without risk to her own recovery continue under Medical treatment in her own quarters. If she can do so without injury to herself or her family, it is not desirable that she, or they, should be inconvenienced by requiring her to go to Hospital. A Soldier's wife should never be required to go into Hospital except for her own advantage and comfort. The cases in which it is really for her own benefit that she should be admitted into Hospital, will of course be left to the discretion of her Medical attendant.

112. **CONTAGIOUS DISORDERS ALWAYS TO BE TREATED IN HOSPITAL.**—When women or children belonging to European troops are labouring under contagious diseases they should, as a matter of course, be invariably removed from the married quarters, and placed under proper isolation in Hospital; and, as a rule, all women should be admitted into Hospital for their confinement, unless they have comfortable quarters, and can command good attendance, as may be the case with the wives of some of the Non-Commissioned Staff.

113. In cases of trifling ailments of themselves or families, it is expected that the women will attend at the usual hour at Hospital for advice and medicine.

114. **DIET AND EXTRAS WHEN TREATED IN QUARTERS.**—Women and children treated in their quarters are to be shown in the statistical returns as if



they had been treated in hospital, but they are under no circumstances to be put on hospital diet. Neither is it allowable to issue to them any extra, except wine or spirits, essence of beef, extractum carnis, tea, and arrowroot congee. The issue of any of these is permitted in emergencies, but the sanction of the Commanding officer should invariably be obtained in the first instance, and the issue is not to be continued for a longer period than three days. If the extras are required longer, the patient should be admitted into hospital. The cases of women and children receiving extras in their quarters must be fully entered in the Case-book.

115. **Hospital Bedding.**—Coir mattresses, bolsters, and pillows are to be used for the sick in all European Hospitals.

116. **TREATMENT OF CLOTHING USED FOR INFECTIOUS DISEASES.**—It is not necessary to destroy either the cots, punkah-fringes, or ropes used in Small-

G. O. C. C., 163 of pox and Cholera Hospitals when they can be immediately subjected to the prolonged action of boiling water before being repainted; furniture should be subjected to the action of hot caustic lime-wash. It will only be expedient to burn wooden cots when they cannot be purified in boilers like those used for destroying bugs in Soldiers' cots.

(a). Hospital bedding and clothing used by patients affected with cholera and small-pox are to be purified by exposing them to the fumes of sulphur ignited over a charcoal fire, after which the articles are to be boiled from half an hour to one hour. They are then to be exposed to the air and sun for two or three days when they should be packed away for subsequent use.

(b). Should, however, the number of patients under treatment render the instant purification of the clothing impracticable, it must be destroyed by fire in the presence of a Medical Officer, who will be required to certify to the necessity of the measure.

(c). Coir mattresses should never be used for patients suffering under contagious maladies. Palliasses stuffed with clean straw are more easily cleaned and if they have to be destroyed they can be replaced at a comparatively slight expense.

117. **Hospital Serjeant.**—An Hospital Serjeant is appointed to each European Regiment of Cavalry and Infantry, and Brigade of Artillery, and to each principal Garrison Hospital.

118. **DUTIES OF HOSPITAL SERJEANT.**—The Hospital Serjeant shall take charge of the Hospital and its inmates, superintend the cleaning of the wards early every morning, and oftener when necessary, taking care that every nuisance is removed as soon as possible. He shall go every morning and evening round the wards, call the roll, and report to the attending Medical Officer whether good order has been preserved. He is in charge of the

personal cleanliness of the patients, of the cleanliness of the beds, bedding, utensils, clothing, wards, &c.; of the administration of food, and is to see that meals are regularly served. He is to see that those patients who are able render assistance to their sick comrades when the attending Medical Officer may think fit. He is to accompany the Surgeon on his visits, and receive and obey his orders. He is to supervise the Orderlies and servants and to report them in case of disobedience.

119. **HOSPITAL HAVILDAR.**—In Native corps most of the duties detailed for the Serjeant, are performed by the Hospital Havildar. He will in addition report to the Adjutant every morning, the number of admissions and discharges. All casualties are to be reported to the Adjutant and orderly Havildar or Naique of the Company.

120. **Hospital Writers.**—A Non-Commissioned officer or soldier may be appointed Hospital writer to each European Corps, to the Head-quarters of each Brigade of Artillery, and to the Depôts at Poonamallee and Wellington, on a staff salary of Rupees (10) ten per mensem, in addition to pay, &c. When no qualified European non-commissioned officer or soldier is available for the duties, a writer, not in the Military service, may be employed on the pay of Rupees thirty-five per mensem in Garrison, and Rupees 17-8-0 per mensem additional, when marching or on actual field service. These writers will not be entitled to pension or gratuity, except when wounded or disabled on service, or in extraordinary cases; each case being separately decided upon by Government. Hospital writers are to be employed and drawn for at Head-quarters of Regiments and Brigades. Writers are not allowed for wings or other detachments of Europeans, the subordinate medical staff being required to perform the duties without any additional allowance.

121. **BATTERIES OF ARTILLERY.**—A non-effective Hospital serjeant, at 7½ Rupees per mensem, is allowed to all Batteries of Royal Artillery in India, for the purpose of making out the medical returns of the Battery and keeping up the medical records.

122. **CLERICAL DUTIES, NATIVE HOSPITALS.**—The clerical duties of Native regimental hospitals are to be performed by the medical subordinates, or by medical officers themselves.

123. **Soldiers' Wills.**—Medical Officers in charge of Military Hospitals should be present, whenever practicable, at the execution of the wills of soldiers in hospital, and they are to affix a declaration to such wills, stating whether the parties were in a fit state of mind to execute the same.

Madras Army Re-  
gulations.  
Para. 630.

124. **DETACHMENT HOSPITALS.**—When regiments or battalions are divided, and detachment hospitals necessarily opened, a due proportion of the permanent establishment of Medical subordinates and servants is to be attached thereto, according to the strength of the detachments, and the probable average number of sick.

Madras Army Regulations.  
Para. 634.

125. **MEDICAL OFFICERS' REPORTS.**—Whenever Medical Officers deem it necessary to make reports upon, or to offer suggestions concerning matters affecting the health of troops, and sanitary condition of the locality in which they are stationed, or to make any report affecting discipline to the head of the Medical Department, they are to furnish copies of the same to their immediate Commanding Officer. Copies of all recommendations made to Commanding officers should, in like manner, be furnished to the Administrative Medical officer of the circle.

*Ibid.*  
Para. 636.

126. Medical Officers of Native corps will communicate to their Commanding officers all instructions connected with regimental duties which they may receive from Deputy Inspectors General, or other authority. They will, if required, lay before Commanding Officers, all official letters received, or to be despatched.

*Ibid.*  
Para. 647.

127. The Medical Officer of a Native corps corresponds direct with the Officer commanding.

128. **Regimental and Military Staff Officers entitled to Medical Attendance for their families.**—Officers of the Army Medical Staff are prohibited from demanding fees for attendance on the families of Regimental Officers, or of Officers in *Military* Staff employ, or of Chaplains and Assistant Chaplains, or of Warrant Officers.

129. **MEDICINES.**—All Regimental officers, British and Indian, unemployed officers and Warrant officers, are entitled to the gratuitous supply of medicines for themselves, families and servants, when the Medical officer may see fit to prescribe them. Officers in *Military* Staff employ are entitled also

G. O. G. No. 231 of 1868. to receive Medicines for themselves and families, except at the Presidency, where they are required to provide themselves.

Military officers in Civil employ are not generally entitled to the use of Government medicines for themselves and families. Medicines are allowed to be issued from Civil Dispensaries to all classes not entitled to receive them gratuitously, at fixed rates. (See Section III.)

130. **CONSULTATIONS OR EMERGENT CALLS.**—When the services of medical officers are required on emergencies or in consultation, they are to be readily rendered, without reference to any consideration but the welfare of the

patient, and the good of the service. It is not intended however, to impose permanently on medical officers any duty foreign to that which their respective appointments, in the Civil or Military department specially imply.

**131. Private Practice.**—As a general rule, Medical Officers are entitled to remuneration for professional attendance on the families of those public servants whom they are bound to attend gratuitously. The exceptions are noted in para. 128, but they do not include the families of Commissioned Military Officers in Civil employment. The amount of remuneration for attendance on the families of public servants shall be left in every case to private

G. O. G. G. No. 1,210 of 1867. adjustment, and the conduct of any Medical Officer who makes a demand, which, under the circumstances of the case, shall appear to the Government to be excessive, will be noticed as it deserves.

**132.** All Executive Medical Officers, with a few exceptions, are permitted to afford professional assistance to persons unconnected with the Government service, so long as their own departmental duties are not thereby neglected.

G. O. G. G. No. 370 of 1867. **133.** The holders of the following appointments are debarred from engaging in private practice :—

Principal Medical College.

Principal Medical Store-keeper.

Resident Medical Officer, General Hospital.

Secretary and Statistical Officer.

Examiner Medical Accounts:

Present incumbents, who may have received authoritative permission to engage in such practice, are not affected by this rule.

**134. Cases of Military Officers.**—Medical Officers are to keep accurate journals of the cases of Military commissioned officers whom they have under treatment.

**135. Fatal cases.**—When the case of an Officer terminates fatally, an immediate report is to be made direct to the head of the Department, and a detailed Medical History is to be forwarded, with as little delay as possible, through the Administrative Medical Officer of the circle. *Post-mortem* examinations are to be made whenever practicable, and the pathological conditions are to be fully noted in the detailed histories of the cases. When a *post-mortem* examination is not made, the cause of the omission must be stated.

**136. OFFICERS TO CONFINED THEMSELVES TO QUARTERS WHEN SICK.**—Officers on the sick list are to confine themselves to their quarters, and not to go beyond them but for such air and exercise as may be prescribed by the Medical Officer in attendance.

137. **Medico-Legal investigations.**—All Medical officers of the British Army, and Indian Medical Department shall be held liable to attend, and to give medical evidence when required, by the Police or competent magisterial or judicial authority. They are required also to examine corpses, or wounds and injuries likely to become the subject of judicial enquiry.

138. **Surgeons in Military employ, entitled to a fee.**—For the examination of a dead body, or wounded, or injured person, a Medical officer, not holding the office of Civil Surgeon of the district, shall receive a fee of fifteen rupees, and travelling allowance of eight annas a mile, if the distance travelled in connection with this particular duty exceeds five miles.

139. Whenever practicable, corpses and wounded persons shall be taken to the Medical officer's station, so that he may not be withdrawn from his regular duties, except on a very pressing emergency.

140. **Post-mortem examinations.**—Medical officers who may be called upon to make *post mortem* examinations are (owing to the rapidity with which decomposition occurs in hot climates) to perform the duty with all convenient speed, after receipt of the order. In cases of suspected poisoning they will strictly adhere to the instructions laid down in Section III., (Chemical Examiner's duties) for the security of the portions of the body required for chemical analysis.

141. **MEDICAL EVIDENCE.**—All Medical officers are bound to give evidence in Magisterial or Judicial Courts, when required, touching the results of post-mortem or other examinations made by them on the requisition of Police officers or other competent authority. A record of such cases should always be kept.

142. **Records.**—For a list of the records and returns to be kept by Executive Medical Officers, Military. See *Section XX.*

143. **Superannuation.**—With a view to maintain the efficiency of the Service, all Medical Officers (both of the British and Indian Departments) of the rank of Surgeon Major, Surgeon, and Assistant Surgeon, shall be placed on the retired list when they shall have attained the age of fifty-five years.

144. **EXEMPTIONS.**—All Medical Officers of the *Indian Medical Department*, who entered the service before the promulgation of the Royal Warrant of 1860, may be allowed to remain doing executive duty after the age of fifty-five years, on the following conditions.

Royal Warrant 1st  
Oct. 1858.  
Royal Warrant 18th  
Jan. 1860

(a). The perfect competency and fitness of the officer for the performance of executive duties, must be certified by a Board, consisting of two Medical Officers, one of whom must be an Inspector General or Deputy Inspector General, and the Commanding Officer or Senior Civil Officer under whom the Medical Officer may have been serving.

G. O. G. G. No. 392,  
of 1869.

(b). The certificate of efficiency granted by such a Board will hold good for a period of three years only, from the date of attaining the age of fifty-five.

(c). If during the above period of three years, an officer may be selected for promotion to the rank of Deputy Inspector General; his age will be no disqualification for a tour of service in the higher grade.

G. O. No. 2510, (Mil.  
Dept.) 1869.

(d). Medical Officers who may be in England on furlough or medical certificate, when they reach their fifty-fifth year, will be required to appear before a Board at the India Office.

D. of S. of S. No. 1,  
of 1862 to Bombay.

(e). A Medical Officer who may be unable to obtain a certificate of competency from the boards specified in clauses (a) and (d), will be placed on the retired list, receiving the rate of pension next above that to which his period of service in India, may entitle him, provided that he be not already entitled to retire on the highest rate, viz., to 700 £ a year.

145. Medical Officers employed on unprofessional duties, will on attaining the age of fifty-five be brought under the operation of this rule.

G. O. G. G. No. 497,  
of 1861.

146. No Medical Officer who has attained the age of fifty-five, can retire on the higher rate of pension, without being reported by a Board, unfit for further effective service as an Executive Medical Officer.

D. of S. S. No. 95,  
of 1865.

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SECTION III.  
EXECUTIVE MEDICAL OFFICERS.

(*Civil Department.*)

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- I.—Civil Surgeons.
  - II.—Civil Dispensaries.
  - III.—Jail Surgeons.
  - IV.—District Surgeons (Presidency.)
  - V.—District Surgeons, Neilgherries.
  - VI.—Chemical Examiner.
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1. **Duties of Civil Surgeons.**—Medical Officers of the Indian Medical Department are attached to Civil stations and districts for the purpose of affording medical aid to all Government servants in the Revenue, Judicial, Police, Forest, Public Works, and all other civil departments of the State. They are appointed to the medical charge of jails, and are eligible, if otherwise qualified, to hold the office of superintendent of district jails.

2. **CIVIL HOSPITALS.**—Civil Surgeons are required to take medical charge of all charitable Dispensaries, civil hospitals, and lunatic asylums, established at the head-quarters of their districts.

3. **SANITARY OFFICER.**—Civil Surgeons are *ex-officio* Sanitary officers of their districts, and are responsible for bringing to the notice of revenue and judicial officers all circumstances which, in their opinion, are prejudicial to the health of Government servants, prisoners in jails, and the civil population generally.

4. **VACCINATION.**—The duties of Vaccination at the head-quarters of the Civil Surgeon will be conducted under his supervision.

5. **Rules for Medical attendance of Government officials.**—(a)

G. O., No. 792 of 1865, Pub. Dept. All Government servants, in receipt of salaries amounting to one hundred Rupees and upwards, are entitled to the attendance of the Medical officer of the station or district at their own houses,

in cases of illness such as to prevent their consulting the Medical officer at his house.

(b.) There will no doubt be cases of not unfrequent occurrence, in which it will be proper for the Medical officer to visit,

*Ibid.*

at their houses Government servants in receipt of salaries under one hundred Rupees. Government trusts to the good sense and good feeling of the Medical profession, in preference to attempting to lay down any precise rules for such cases.

(c.) It is to be distinctly understood that Medical officers will not be expected to attend Government servants in their own

*Ibid.*

houses unless the patient is unable to wait upon the Medical officer, either at his house, or at such place and time as, having due consideration for the position of the servant and circumstances of the case, may be appointed for the purpose.

6. CANDIDATES FOR PENSION.—Uncovenanted servants intending to apply for pension, who are required to produce certi-

*Ibid.*

ficates after having undergone a course of medical treatment, and who are able to carry on their ordinary business, will also be required to wait on the Medical officer.

7. Subordinate Government servants, in stations in which there may not be proper hospital accommodation, will be visited,

*Ibid.*

in the first instance, by the medical subordinate, and afterwards by the district or civil Surgeon, should the case be reported as serious.

8. FAMILIES OF GOVERNMENT SERVANTS.—Civil Surgeons are entitled to remuneration for attendance on the families of Government servants, under the conditions of Para. 131, Section II of these Regulations.

9. PER DIEM AND TRAVELLING ALLOWANCE FOR VISITING PATIENTS IN THE DISTRICT.—Whenever a Civil Surgeon is required to proceed into the district to afford professional assistance to a Government servant, or to perform any

G. O., No. 686 of sanitary duty, by order of competent authority, he is 1852, Pub. Dept.

entitled to travelling allowance of eight annas per mile, and to five rupees per diem during the period of his necessary absence from his station.

(The presence of a medical officer at all whippings is essential, unless the Court, which passes the sentence, shall otherwise order.—(Act VI. of 1864, Section 10.)

10. When required to proceed any distance beyond five miles from his

Cir. No. 3,073, 29th station to examine a corpse, or wounded person, in cases August 1855.

likely to become the subject of judicial inquiry, or to attend the corporal punishment of a prisoner, the Civil Surgeon is entitled to travelling allowance at eight annas a mile.



11. **ILLNESS OF OFFICERS OF CIVIL DEPARTMENT.**—Civil Surgeons will make an immediate report to the Inspector General, Indian Medical Department, of the indisposition of any officer holding a responsible position in the covenanted civil service, which may incapacitate him from the performance of his duties.

12. **TO REPORT CASUALTIES OF MEDICAL SUBORDINATES.**—Medical officers in charge of districts or civil establishments are required, in addition to the usual report to the Deputy Inspector General, to report *direct* to the Inspector General, Indian Medical Department, all casualties that may occur amongst the members of the subordinate medical establishment under their orders, immediately on their taking place.

13. **CIVIL SURGEONS NOT TO QUIT THEIR DISTRICTS.**—No Medical officer in civil employ shall, unless in the case of serious illness, to be duly certified, quit his station or district until he has first submitted an application for leave of absence, through the prescribed channel, to Government, and until he has received official intimation of the leave having been granted.

14. **MEDICAL CERTIFICATES.**—Medical certificates having been granted to civil servants and to military officers in civil employ, on insufficient grounds, and to stations not deemed altogether suitable to their complaints, Deputy Inspectors General will be particularly careful in satisfying themselves, prior to sanctioning the measure by their countersignature, not only as to the necessity of a change, but also of the suitability or adaptation of the place fixed upon, to the case.

15. **LEAVE IN INDIA LIMITED TO 15 MONTHS.**—The attention of all Medical officers in civil employ is drawn to the provisions of the Civil Service Absentee Rules, which restrict the period for which leave on Medical Certificate can be granted in this country to fifteen months.

16. **Forms of medical certificate for officers in the civil departments are given in Section XIV. "MEDICAL BOARDS."**

17. **Privilege leave.**—Civil Medical officers, who are also Superintendents of Jails, must, in forwarding applications for privilege leave, invariably specify the proposed arrangement for conducting not only the Medical duties of the district, but also those of the Jail Superintendent, to enable the Inspector General of Jails, should he not approve of the latter arrangement, to make his own disposition for Jail superintendence.

Applications should be forwarded to the Inspector General, Indian Medical Department, *previously* countersigned by the Civil authorities of the district and the Inspector General of Jails.

No application for privilege leave will be attended to, unless

the proposed arrangements are approved of by the Inspector General of Jails and the Head of the Medical Department.

**18. Civil Surgeons to remain at their posts until relieved.**—On all appointments of Medical officers to civil situations, or on transfer from one civil appointment to another, the officers appointed or transferred will continue in their charges until relieved by their successors, or until the local authorities may be enabled to make such arrangements as will allow of their proceeding to take up their new appointments, without inconvenience to the public service.

**19. QUALIFICATION FOR THE OFFICE OF CIVIL SURGEON.**—Assistant Surgeons will be required to serve two years in the Military branch before being eligible for permanent appointment to a civil station.

**20. CLASSIFICATION OF CIVIL STATIONS.**—Civil stations in the Madras Presidency have been classified as follows :—

	1st Class.	2nd Class.	
	Cochin.	Berhampore.	Kurnool.
	Calicut.	Chingleput.	Nellore.
	Coimbatore.	Chittoor.	Masulipatam.
	Salem.	Cocanada.	Ootacamund.
G. O., No 471 of 1863, Pub. Dept.	Vizagapatam.	Coonoor and Kota- gherry.	Rajahmundry.
		Cuddalore.	Tanjore.
		Cuddapah.	Tellicherry.
		Guntoor.	Timmevelly.
		Madura.	Tranquebar.
		Mangalore.	Trevandrum (Re- sidency).
			Vellore.

**21. EXAMINATION OF CANDIDATES FOR THE UNCOVENANTED CIVIL SERVICE.**—Civil surgeons are required to examine as to their physical fitness for Government employ, candidates for the Uncovenanted Civil Service examinations (without fee), and to grant certificates in the required form, if the candidates are found fit.

**22. BRITISH MEDICAL OFFICERS INELIGIBLE FOR CIVIL EMPLOY.**—Medical officers of the British Service are ineligible for appointment to any Civil medical charge in India. A British Medical officer, however, may be temporarily appointed when an officer of the Indian Department is not available for the duty.

**23. MISCONDUCT OF MEDICAL SUBORDINATES IN CIVIL EMPLOY.**—The proper course to pursue, when a Medical Subordinate attached to any Civil Department misconducts himself, is for the officer

G. O., No. 263 of  
1864, Pub. Dept.

G. O., No. 780 of  
1866, M. D.

Cir. No. 4,120,  
6th Oct. 1866.

under whom he is serving to report the matter to the Officer Commanding the Division or Force in which the offence occurs, for his disposal and orders, suspending the offender meanwhile from his duties; but he should not be placed in arrest until directed to be so by the Officer Commanding the Division or Force, by whom charges will be prepared, when necessary.

24. PURCHASE OF MEDICINES FOR USE IN THE DISTRICT.—Collectors of Districts are allowed to expend a small grant of money in the purchase of medicines for distribution to the people, when unusual sickness or epidemic diseases prevail. Civil medical officers are required to co-operate with Collectors in procuring the necessary medicines by purchase.

25. The grant should be expended in the *purchase* of medicines from the *bazaar or local market*, to obviate the necessity for the Medical Department indenting more largely than usual on the Home Government; and only such medicines as are not readily procurable from the local market should be indented for on the Medical Department.

### Civil Dispensaries.

26. HOW SUPPORTED.—Civil Dispensaries are supported in the Madras Presidency, partly by the Government, and partly by the inhabitants of the districts in which the Dispensaries are placed.

27. GOVERNMENT GRANTS.—In Dispensaries already established, or hereafter to be sanctioned, Government undertake to provide the services of a Medical Officer or subordinate, (or both), and to supply such European medicines, Surgical instruments and appliances, as may be deemed requisite for the use of the charity. A Government grant, however, will be conditional on the local public subscribing the necessary funds to provide a suitable building, food, clothing, and menial attendance for the sick poor who may be treated as in-patients. In some instances Government

Notification Fort  
St. George Gazette,  
11th June 1863, p.  
997.

contribute towards the cost of building a new dispensary, but each case of this kind is dealt with according to its merits. Civil Dispensaries being established solely for the benefit of the civil population, those of the inhabitants of a district, who desire to obtain the advantages of an institution of medical relief amongst them, must contribute to its support.

28. COMMITTEE OF MANAGEMENT.—The financial and economical concerns of Civil Dispensaries are supervised by Committees of Management, appointed by the Government, and including official and non-official inhabitants of the several districts. The Collector of a District is always *ex-officio* President and the Civil Surgeon *ex-officio* member. Sums of money subscribed for the endowment of Civil Hospi-

G. O. No. 604 of  
1869, Pub. Dept.

G. O. No. 1004 of 1865, Public Department.  
should be invested.

tals, are, ordinarily, to be invested in Government securities, and whenever the cash balance at the disposal of the Managing Committee amounts to Rupees 1,000 it

Accounts may be opened in Government savings banks for the deposit of Dispensary funds in the names of the "Collector and Zillah Surgeon."

29. DISTRICT OFFICIALS TO VISIT.—The success of Civil Dispensaries depends largely on the interest taken in them, and the supervision exercised over them, by the public functionaries, European and Native, of the places *where they are established*. Government expect that all officials will exert their influence not only in maintaining, but in originating such useful institutions. It is directed that Judges and Collectors and Magistrates at Civil stations, and Commanding Officers at Military Cantonments, make occasional inspections, and institute inquiries as to the comfort and diet of the patients, attending to any complaints that may be made, and entering particulars of the same in a "Visitor's Book" to be kept for the purpose in each Dispensary.

30. VISITOR'S BOOK.—Deputy Inspectors General of Hospitals at their annual inspections will always examine the "Visitor's Book," and note in their Inspection Reports the general tenor of remarks made by visitors. Medical Officers will append to their Annual Reports, copies of the remarks entered in the Visitor's book in the course of the year.

Cir. No 4196, 13th October 1866.

G. O. No. 358 of 1867, Public Department.

31. **Duties of Medical Officers in Charge.**—Government expressly desire that Medical Officers in charge of Civil Dispensaries will, by their kind attention to all applicants, and by prompt willingness to afford relief, endeavour to make the medical charities thoroughly useful and advantageous to the people.

32. **OUT-PATIENTS.**—The Medical Officer shall give his attendance at the dispensary, at a fixed hour every day, when those who desire gratuitous medical or surgical aid and advice will be attended to, and prescribed for. The time of attendance is to be fixed by the Medical Officer in communication with the civil authority at civil stations, and Commanding Officers at Military Cantonments, and intimation thereof given to the inhabitants of the district. The hour must be arranged to suit the convenience of the majority of the people.

33. The Medical Officer shall remain for one hour, at the least, in the dispensary building, during which time he must personally see, and prescribe

for, all applicants. The period for which the medical officer will be present should be notified in the vernacular, on a board in the waiting room, or some other conspicuous place, and the Medical Officer is enjoined to be punctual and regular in his visits.

34. **IN-PATIENTS.**—Paupers, Native, East-Indian or European, suffering under medical or surgical disease requiring hospital treatment, will, when the means at the disposal of the Managing Committee of the Dispensary permit, be admitted as in-patients, and treated, fed, and clothed while resident in the hospital; cases may also present in the richer classes, where from the nature of the ailment, hospital treatment would be desirable; such patients also may be admitted, but are to diet and clothe themselves while in hospital.

35. **FEMALE-PATIENTS.**—One ward, or more, if necessary, will be set apart for women. When lying-in-wards are provided, they should be detached from the main building. It is desirable that venereal cases in women be kept in a separate ward also.

36. **CONTAGIOUS WARDS.**—Cholera or Small-pox cases, should when there is no detached building available, be treated in temporary sheds erected for the purpose.

37. **Medical Subordinates.**—The Medical Subordinates attached to Civil Dispensaries will, if not provided with quarters in the hospital, reside conveniently near the spot, so as to be ready to give aid to any applicant during the day or night. The Medical officer in charge will always attend when he may be sent for to accidents, and other emergent cases.

38. **HOURS FOR BUSINESS.**—Civil Dispensaries shall be open from 7 till 10 o'clock A. M., and from 3 to 5 P. M. every day, for ordinary out-patients. This regulation is not to preclude persons from getting medicines at any hour of the day or night, when there may be immediate necessity.

39. **Dispensary furniture.**—Although the Government does not provide furniture or clothing for Civil Dispensaries, it has been deemed advisable to lay down the following general instructions for the guidance of Committees of Management.

40. **HOSPITAL COTS.**—Cots should be uniform in size and shape. They are best constructed of iron. Periodical painting of the iron work with *coal-tar*, and drying of the same in the sun, is the best mode of preserving these cots free of vermin.

41. **MATRESSES.**—For all ordinary cases amongst Natives, the iron cots should be boarded; but it is advisable that, for special cases, a few cots should be provided with coir mattresses.

42. **COTS AND BEDDING.**—Each hospital should be provided with the number of cots and bedding noted below :—

Cots...	... 10	Red Blankets	... 20
Palliasses	... 10	Blue Cloths for patients	20
Pillows with cases	10	Coir Mattresses	... 5

43. **PATIENTS' CLOTHING.**—As a rule, patients' own clothing on admission should be taken from them, washed, and ticketed before being placed in the Store-room, and finally returned to them on leaving hospital. With caste patients or persons who object to use hospital clothing, means should be adopted to ensure cleanliness and change of attire as often as may be needed.

44. **DIET.**—The diet of the sick in Civil Dispensaries should be the same as sanctioned for Military patients—(see Section XII. "HOSPITAL SUPPLIES.")

45. **Medical Stores.**—A second or third class annual indent for medicines and instruments is allowed for Civil Dispensaries.

46. **BAZAAR MEDICINES.**—The indigenous drugs of the Indian Pharmacopœia are to be used in preference to European substitutes whenever practicable. Imported medicines will not be issued to Civil hospitals, when indigenous substitutes are readily available. Medical Officers should take pains to see that indigenous medicines are collected at the proper season, and that they are genuine, and perfectly fit for use. Bazaar medicines, stationery, &c., are not issued from the Medical Store Depôts, and must be purchased from the general funds of the charity.

47. **Records.**—Medical Officers in charge of Civil Dispensaries will keep a nominal register of in and out-patients treated, showing the daily average attendance of the latter class; and will transmit monthly and annual returns of sick treated, prepared according to form, and with the latter will forward a special medical report.

48. **ANNUAL REPORT.**—Annual Reports must reach the Inspector General's Office not later than the 31st January in each year. For instructions as to the drawing up of Annual Reports and other returns, and a list of the records to be kept,—see Section XX. "RETURNS AND REPORTS."

49. A copy of that portion of the Annual Report which is not strictly professional in its details, is to be sent to the Collector G. O. No. 358 of 1867, Pub. Dept. of the district, who will report to Government his opinion on the general state of the Dispensary, and its usefulness and acceptability to the native community.

50. **Peon.**—A peon is allowed at the expense of Government for each Civil Dispensary. The duties of this servant are to keep order amongst the out-patients, to watch the building and property, and to protect it from wilful damage, to deliver letters, &c., on the business of the charity, and such other work as the Medical Officer may employ him on.

51. **COMMITTEE MEETINGS.**—The Managing Committee shall meet ordinarily, once a month, for the transaction of the business of a Dispensary.

52. **Sale of Medicines.**—All monies received from the sale of medi-

G. O. No. 1122 of 1863, Pub. Dept. cines to persons not entitled to gratuitous medical aid from public Dispensaries, are, with the sanction of Government, credited to the Dispensary funds.

53. PRESCRIPTIONS FOR PRIVATE PERSONS.—For the convenience of persons Cir. No. 1010 of 16th March 1867. in the Mofussil, not entitled to a gratuitous issue of medicines, and who are unable to get their prescriptions made up at Druggists' shops, Government have decided that the same may be compounded at Civil Dispensaries, on the following conditions :—

(a.) Subscribers to a Dispensary of Rupees *five* per mensem and upwards, are allowed to have the prescriptions of their medical attendant for themselves and families made up, for the time such subscription may continue, *without charge*.

(b.) Subscribers of *two* Rupees monthly will be charged the following rates :—

	RS.	A.	P.
Each Pill or Powder.....	0	0	6
Each ounce of fluid medicine whether in the form of draught or mixture, and also liniments and Lotions.....	0	1	0

(c.) Subscribers of *less than two* Rupees monthly will be required to pay *double* the above rates, and non-subscribers *treble*.

(d.) Subscriptions to be paid monthly or quarterly in advance, and no medicines should be dispensed at subscribers' rates, until the subscription of the current month has been paid.

54. As the above regulations are established expressly for the convenience of the families of officials and others who have not ready access to druggists' shops, it is directed that no medicines be made up at Civil Dispensaries for persons not entitled to a gratuitous supply, in stations where druggists' shops have been established,

55. **Pauper travellers and pilgrims.**—With regard to pauper travellers, pilgrims and other classes who are often sent by the Police to Civil Dispensaries in an exhausted or helpless condition, it is to be understood that the Dispensary funds (which result for the most part from local contributions, for purely local purposes) are not to be called upon to meet such extra demands. The proper course is for the Magistrate of the station or district, to

G. O. No. 948 of 1868, Pub. Dept. submit, for the sanction of Government, contingent bills of expenses incurred on account of travellers, and other strangers sent to Hospital, and to repay to the charity funds the amount so expended.

### Jails and Jail Hospitals.

56. SUPERINTENDENCE.—Medical Officers are eligible for appointment to the office of Superintendent of Central, and District Jails.

57. UNDER AUTHORITY OF INSPECTOR OF JAILS.—Medical Officers appointed to these offices are, so far as the duties of Superintendent go, entirely under the orders of the Inspector General of Jails.

58. **Central Jails.**—A Medical Officer appointed to superintend a Central Jail is entitled to remuneration according to the following classification:—

Finl. Resolution No. 3,276 of 24th Dec. 1867, <i>vide</i> Gazette of 1868 page 63.	If the Jail be built for above 1,000 pri- soners.	} As a Civil Surgeon of the 1st Class.	} House free.
	If the Jail be built for 1,000 prisoners, or under that number.		
		} As a Civil Surgeon of the 2nd Class.	} House free.

The above to include *Medical* as well as Administrative charge.

59. **MEDICAL CHARGE.**—A Medical Officer, who may be appointed to the medical charge of a Central Jail, of which he is not the Superintendent, is entitled to Rupees 100 per mensem for the performance of the extra duty.

60. **District Jails.**—A Medical Officer appointed to the superintendence of a District Jail is entitled to extra remuneration for the duty, in accordance with the following scale:—

	Description of Jail.	Monthly Salary.
G. O. No. 1720 of 1868, Judl. Dept.	2nd Class.—Containing 300 prisoners and not more than 499	Rs. 100
	3rd Class.—Containing 150 prisoners and not more than 299	75
	4th Class.—Containing less than 150 prisoners.	50

61. **Medical Officers** who are Superintendents of Jails must obtain the counter-signature of the Inspector General of Jails to all applications for privilege and general leave.

62. **Medical Officers' duties.**—The duty of the Medical Officer of a Jail embraces the consideration of every matter connected with the health of the prisoners, their treatment in hospital when sick, the regulation of their diet, clothing, work, and punishments, so far as they are concerned in the maintenance of their health, and, in general, every thing connected with the hygiene of the Jail and its inmates. The Medical Officer, if he be not himself the Superintendent of the Jail, shall, except as regards the medical treatment of the sick in Jail, act in immediate subordination to the Officer in charge of the Jail, and subject to the general control of the Inspector General of Jails.

63. **USE OF FETTERS IN HOSPITAL.**—Medical Officers have full discretion-



Cir. No. 2,948 of 6th August 1867. any power to order the removal of fetters from prisoners under medical treatment. In every case where fetters are taken off, an entry of the circumstance is to be made in a book kept for that purpose, shewing the Convict's name and number, the reason for unfettering him, and the date of re-imposing his fetters.

64. TO STUDY JAIL RULES.—The Medical Officer shall make himself thoroughly acquainted with the Regulations of the Jail to which he is attached, and its various details.

65. VISITS TO JAIL.—He shall visit every part of the Jail once at least in every week, and daily in times of great sickness, or when epidemic disease exists in the district or station, and shall enter in his journal the results of such inspection, recording any want of cleanliness, drainage, warmth, or ventilation—any bad quality of the provisions—any insufficiency of clothing or bedding—or any other cause which may affect the health of the prisoners. He shall ascertain that the water is pure and wholesome, and that there is an abundant supply for drinking, cooking, and washing. He shall especially note all defects of drains, privies, and the conservancy arrangements generally of the Jail. Twice, at least, in each week he shall see every prisoner—whether criminal, civil, or awaiting trial. In case of epidemic visitations, and during sickly seasons, the daily inspection of all the prisoners by the Medical Officer is obligatory. The result of all his examinations is always to be recorded in an easy form, for reference and inspection.

66. INSPECTIONS.—The Superintendent and Medical Officer shall meet at the Jail not seldomer than once a week, and shall inspect the Jail together.

67. These inspections shall take place on any day but Sunday.

68. INSPECTION JOURNAL.—The Medical Officer shall keep a journal, in which he shall enter the date of every visit, with any observations which he may deem it necessary to record in connection with the performance of his duty. This journal is to be kept in the Jail, for the information of the Officer in charge of the Jail, the Official Visitors, and the Inspector General of Jails. After each visit of the Medical Officer, his journal shall be sent to the Officer in charge of the Jail, for the immediate issue of such orders as that Officer may find it necessary to pass.

69. EXAMINATION OF PRISONERS.—The Medical Officer shall personally examine every prisoner on the day of his arrival at the Jail, or, at latest, on the following morning. He shall record, in the "Register of Admissions," the age, and state of health on admission, of each prisoner, and any disease of importance to which such prisoner may have been subject. He shall likewise indicate his opinion as to the class of labour on which the prisoner may, with special reference to his state of health on admission, be employed. He

shall also record in the "Register of Discharge" the prisoner's state of health on discharge. The number of every prisoner in these and all other Registers and records whatever, shall correspond with his Jail "*General Register number*," so as, in all fatal cases, to render it easy to trace the history, crime, and all particulars connected with the deceased, which it may become necessary to know or refer to for statistical or other purposes.

70. In order to ensure the accuracy of Descriptive Rolls of prisoners, and the entry therein of none but durable marks, the Medical Officer shall, not later than his first inspection after the admission of any prisoner, test the correctness of the roll, which shall be made, on admission, by the Jailer, with the assistance of the Medical Subordinate, by personal examination.

71. **Vaccination of prisoners.**—All prisoners received into the Jail, whether under sentence, or detained on requisition of security, or committed for trial, shall be vaccinated on admission, without reference to their wishes.

72. Prisoners under sentence of transportation shall be vaccinated before being removed from the jail in which they are confined when sentenced, whether they have been previously vaccinated or not.

73. **REGISTER OF VACCINATION.**—A register shall be kept by the Medical Officer in every case of vaccination, shewing the success, or otherwise, of the operation. When not successful, and when the failure is not attributable to immunity arising from previous vaccination, or from the patient having had small-pox, the operation shall be repeated at the proper season. All attempts to evade the operation of the vaccine virus shall be discouraged, and brought to the notice of the Superintendent, for punishment, and, if it is thought desirable, the labour and diet of prisoners under its influence shall be regulated, so as to favour the action of the virus.

74. **Deaths in Jail.**—In the event of a prisoner's death, the Medical Officer shall record, in appropriate columns, in the "Register of Deaths," the disease, with a brief abstract of its leading characteristics; a brief abstract of the treatment; the appearances observed at the *post-mortem* examination, which, when practicable, must be made in every case; and any remarks which he may deem it necessary to offer on the general or particular characters, causes, or other circumstances connected with the particular case or class of cases, if the death be due to endemic or epidemic causes. When severe epidemics prevail, and the fatal cases are so numerous as to render it impracticable to keep detailed records, a few well-marked cases should be selected for record and *post-mortem* examination, in order that the general and specific characters of the visitations may be known and recorded. A copy of the "Register of Deaths" shall be prepared in the Jail Office, and transmitted monthly by the Officer in charge of the Jail, along with the other monthly

returns, to the Inspector General of Jails. So much of the copy as was originally recorded by the Medical Officer shall be compared and signed by him. The copy of the "Register of Deaths" should be accompanied by a Memorandum by the Medical Officer, containing any remarks he may wish to offer.

75. **CHOLERA RECORDS.**—The Medical Officer shall keep a special record of all cases of cholera, whether sporadic or epidemic, according to the form of Register supplied. A copy of this also, shall, at the end of every month, be transmitted to the Inspector General of Jails.

76. **SICK PRISONERS.**—The Medical Officer shall, at all seasons of the year, as soon after sunrise as possible, see all the prisoners who are sick, or in Hospital. The treatment of the sick in Jail Hospitals is the personal duty of the Medical Officer—not to be delegated by him, under any circumstances, to a Native subordinate. He shall also examine all prisoners who complain of illness, and admit those who require it into hospital. In the cases of those prisoners, who merely need the application of simple dressings, as in abrasions from fetters, or other treatment, such as does not render it necessary to send them to hospital, they may be placed by the Medical Officer in the 'Convalescent gang,' therein to have such variation of diet or work as he may consider it necessary to recommend. These recommendations shall be carried into immediate effect by the Jailer, the Medical Officer's journal being daily submitted to the Officer in charge of the Jail, for his information and orders. When great sickness prevails, or the severity of cases actually under treatment requires it, the Medical Officer shall visit the Jail as many times daily as may be necessary for the due and efficient performance of his duties.

77. **PRISONERS IN SOLITARY CONFINEMENT.**—He shall daily visit all prisoners in separate or solitary confinement.

78. **CASE-BOOK.**—He shall keep a regular Hospital Case-Book, in which are to be entered, day by day, an account of the state of every sick prisoner, the name of his disease, and details of the treatment prescribed, and diet ordered for such prisoner. It shall not be necessary to keep detailed records of trifling cases, but the leading particulars connected with all severe and fatal cases should be invariably recorded.

79. **Food and diet.**—The attention of the Medical Officer shall be directed to the scale of diet on which each prisoner is placed, and he shall have a discretionary power to recommend the increase, diminution, or change of food required by the constitution and the state of health of any particular prisoner who may have been placed in the 'Convalescent gang,' in which shall be included *convalescents*, the *infirm*, the *aged*, and the *very young*. The Medical Officer is occasionally to examine the food provided for the prisoners, in order to see that it is of proper quality and properly cooked.

If the Medical Officer has recommended a temporary change in the Jail dietary, or in the diet of an individual prisoner, he shall take care that such exceptional diet is continued no longer than is necessary.

80. **CHANGE OF DIET.**—The dietary of the Jail will be regulated by the Inspector General of Jails. The Superintendent may, upon the recommendation of the Medical Officer, make temporary change of diet during the prevalence of epidemic disease. The Medical Officer may, also, at his discretion, prescribe change of diet for individual prisoners, on medical grounds, recording each case and its reasons, for the information of the Superintendent. The diet of patients in the Jail Hospital will be entirely under the Medical Officer's control.

81. If it shall appear to the Superintendent that undue indulgence is given to prisoners, or that an exceptional diet is continued longer than necessary, he shall call on the Medical Officer to state his reasons for the course, and if he is not satisfied, he shall refer the case for the orders of the Inspector General of Jails.

82. Articles required for the use of the sick shall, ordinarily, be supplied by the Jail supply contractor, but the Medical Officer, in communication with the Superintendent, may, if he think it necessary for obtaining provisions, &c., of good quality, adopt other methods of procuring supplies.

83. **Vegetables and Anti-scorbutics.**—The Medical Officer should frequently satisfy himself that adequate arrangements are made, in due season, for the plentiful supply, throughout the year, of fresh vegetables, condiments, and anti-scorbutic fruits from the Jail garden.

84. **Infectious diseases.**—He shall give written directions for separating prisoners having infectious complaints, or suspected thereof, and for cleansing, disinfecting, or destroying any infected apparel or bedding, and shall satisfy himself that such directions are carried into effect. He shall examine every prisoner about to be removed to any other place of confinement, and report as to his being free from malignant, contagious, infectious, or other disease, and as to his being in a fit state to be removed.

85. **Removal of prisoners.**—When the Medical Officer is of opinion that the removal of a prisoner-patient is absolutely necessary, and is likely to lead to his recovery, he will submit a brief statement of the case to the Superintendent, and point out the Jail to which he considers a transfer desirable. The Superintendent will arrange for the removal, and give orders, under the advice of the Medical Officer, for proper provision for the wants of the prisoner by the way, and his protection from undue exposure.

86. Prisoners banished under judicial sentence, or removed on special grounds, by order of the Inspector General of Jails, will not be sent back to

the place whence they have been banished, or transferred, even on medical grounds, without the special sanction of the Inspector General of Jails previously obtained.

87. **PRISONERS TO BE EXAMINED BEFORE TRANSFER.**—Every prisoner transferred from any Jail, on whatever grounds, will be examined by the Medical Officer, who will certify his fitness, or otherwise, for the journey, and for the climate to which he is to be removed, in writing, to the Superintendent. If the Medical Officer is of opinion that extra diet or clothing should be allowed, he will advise the Superintendent to that effect. He will also, if he see fit, supply medicines, with instructions for their use, to the Warder in charge of transferred prisoners.

88. **DISCHARGE.**—No prisoner is to be discharged from Jail on the expiry of his sentence if laboring under any acute or dangerous disease, nor until, in the opinion of the Medical Officer, such discharge be safe, unless such prisoner shall require to be so discharged.

89. **CORPORAL PUNISHMENT.**—No prisoner is to undergo corporal punishment, except in cases of great emergency, until he is examined by the Medical Officer, and certified by him to be in a fit state to receive such punishment.

90. **JAIL HOSPITAL RECORDS.**—For a list of records and returns to be kept by Medical Officers of Jails, see *Section XX*.

91. **Administrative Medical Officers.**—All Jails, and Jail Hospitals, shall be subject to the inspection of the Inspector General Indian Medical Department and Deputy Inspectors General of Hospitals.

92. The Inspecting Medical Officers, in their visits, will see that these rules are strictly observed, and that the returns required are regularly furnished, and will enter in the Inspection Register of the Jail a record of each visit, with its results. A copy of this record shall immediately be forwarded by the Officer in charge of the Jail to the Inspector General of Jails, for the issue of such orders as that officer may consider necessary in all matters not relating immediately to the professional treatment of the sick.

93. **Subordinate Medical Staff and Hospital attendants.**—When G. O. No. 751 of Medical Subordinates, extra to the sanctioned establishment, are required for a Jail, the Medical Officer in charge will submit his application to the Inspector General of Jails, who will forward it, with an expression of his opinion, to the Inspector General Indian Medical Department. The latter Officer will either dispose of the application, or forward it for the orders of Government, as the circumstances of the case may seem to require.

94. **DUTIES.**—The duty of the Medical Subordinate is to attend to all orders of the Medical Officer of the Jail; to prepare all medicines ordered; to see that

these medicines are given in the doses, and at the times directed ; to keep a brief record of every case, and of the diet, &c., ordered by the Medical Officer at his visits ; to be responsible for the safe custody of the medicines, instruments, and other property of the Government in the Hospital ; to prepare daily a diet-roll of the sick in Hospital, that their rations may be duly supplied ; and to be responsible, generally, under the immediate orders of the Medical Officer, for the cleanliness, good order, and discipline of the Hospital.

95. **BAZAAR-MEDICINES.**—The purchase of bazaar-medicines shall be entrusted to the Medical Subordinate on the responsibility of the Medical Officer ; but the Medical Subordinate shall not be entrusted with the dieting of the sick, whose food shall be supplied by the same authority as that of all other prisoners. The Medical Officer, in communication with the Superintendent, may, however, if he think it necessary for obtaining provisions, &c., of good quality, adopt other methods of procuring supplies for the sick prisoners.

96. **Residence.**—Medical Subordinates shall reside in such proximity to the Jail as to be available for duty at all times without delay.

97. **Discipline.**—In all matters connected with the professional care of the sick, they shall be under the immediate orders of the Medical Officer. In all other matters connected with discipline, and the maintenance of order generally, they shall be subject to the authority of the Officer in charge of the Jail, and shall obey all orders issued by that Officer through the Jailer.

98. **Hospital Attendants.**—The Hospital Attendants shall be under the immediate orders of the Medical Officer, and shall be present at such times, and perform such duties as he may require from them, consistent with their position in the establishment.

99. **Prison Orderlies.**—The Officer in charge of the Jail shall place at the disposal of the Medical Officer well-conducted prisoners, who can safely be entrusted with the duty of attending upon the sick.

100. Except in very urgent and bed-ridden cases, the proportion of such attendants shall not exceed one to every ten patients. When more are needed, a special application must be made to the Officer in charge of the Jail, stating the grounds on which they are deemed requisite.

101. **Misconduct of Medical Subordinates.**—Any Medical Subordinate, or other person attached to the Subordinate Hospital establishment, who shall take a bribe from a prisoner, or shall connive at the introduction of forbidden indulgences into the Jail or Hospital, shall be liable to suspension or dismissal.

102. **Dietary of Jails.**—For the purpose of dieting, Jails have been divided into the following classes :—

1st.—Jails where rice is the principal staple of diet ;



DRY GRAIN.—Scale of Diet where “Dry grains” are the staple. (No. 2.)

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.	Sunday.	
	oz.	oz.	oz.	oz.	oz.	oz.	oz.	
Veragoo. } with-	22	22	22	22	22	22	22	Any of these quantities may be considered equivalent to 26 oz. of rice.
Raggy. } out	24	24	24	24	24	24	24	
Cholum. } husks.	24	24	24	24	24	24	24	
Cumboo. }	25	25	25	25	25	25	25	
Dholl .....	2	2	2	2	2	2	2	Raggy or Cholum cakes (2½ ounces) in midday in lieu of Hoppers.
Mutton or Fish...	5	0	5	0	5	0	0	
Buttermilk or Tyre.....	0	10	0	10	0	10	10	
Ghee or Oil .....	½	½	½	½	½	½	½	
Tamarind .....	½	½	½	½	½	½	½	
Salt.....	1	1	1	1	1	1	1	
Curry powder ...	½	½	½	½	½	½	½	
Vegetables .....	4	4	4	4	4	4	4	
Onions.....	½	½	½	½	½	½	½	
Garlic.....	30 grs.	0	30 grs.	0	30 grs.	0	0	
Firewood.....	2 lbs.	2 lbs.	2 lbs.	2 lbs.	2 lbs.	2 lbs.	2 lbs.	

MIXED GRAIN DIET.—Scale of Diet where mixed grain is used. (No. 3.)

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.	Sunday.	
	oz.	oz.	oz.	oz.	oz.	oz.	oz.	
Rice.....	12	12	12	12	12	12	12	Raggy cake, or rice hopper may be given at midday.
Dry grain.....	12	12	12	12	12	12	12	
Dholl....	2	2	2	2	2	2	2	
Mutton or Fish..	5	0	5	0	5	0	0	
Buttermilk or Tyre.....	0	10	0	10	0	10	10	
Ghee or Oil... ..	½	½	½	½	½	½	½	
Tamarind.....	½	½	½	½	½	½	½	
Salt.....	1	1	1	1	1	1	1	
Curry powder ...	½	½	½	½	½	½	½	
Vegetables .....	4	4	4	4	4	4	4	
Onions.....	½	½	½	½	½	½	½	
Garlic.....	30 grs.	0	30 grs.	0	30 grs.	0	0	
Firewood.....	2 lbs.	2 lbs.	2 lbs.	2 lbs.	2 lbs.	2 lbs.	2 lbs.	

(g.) The Recipe for Curry powder to be used in Jails :—

	oz.	dr.		oz.	dr.
Chillies ... ..	2	0	Cummin seeds ...	0	6
Black pepper... ..	1	4	Mustard seeds ...	0	6
Coriander seeds ...	1	12	Vendeum ... ..	0	6
Turmeric ... ..	1	1			

(h.) When a gang is working within any of the Districts above classified, it will observe the diet of the Jail of the District in which such gang is located.



104. REMARKS ON DIET TABLES.—Rice and the dholls are to be purchased and stored when they are cheap. No rice less than six months old is to be issued to prisoners. The dholls must be very carefully husked, and must never be mixed when cooked. The allowance of fresh vegetables may be increased on the order of the Medical Officer to any reasonable extent that can be supplied by the Jail garden. The weight of vegetables must be calculated after the stalks, skins, and refuse have been separated. The allowance of meat must be estimated without the bone. The allowance of salt may, in times of epidemic cholera, be increased by order of the Medical Officer.

105. MEDICAL OFFICER TO SEE FOOD IS CORRECT IN WEIGHT, AND WELL COOKED.—The food shall be weighed daily before the Jailer, and occasionally in the presence of the Officer in charge of the Jail and of the Medical Officer, to see that no fraud is practised by the Jail subordinates, and that the prisoners get the full quantities to which they are entitled.

106. INSPECTION OF COOKED FOOD.—It is of the highest importance that the food supplied to the prisoners should be completely and properly cooked; therefore, when cooked and ready for issue, it must, at least once in every week, be inspected, without previous notice, by the Officer in charge of the Jail and by the Medical Officer, to see that it is properly prepared. An entry of the result of this inspection must be made in their respective journals.

107. DAILY INSPECTION OF FOOD.—All food must be inspected daily by the Medical Officer, and any defect of quality noted by that Officer shall be reported at once to the Officer in charge of the Jail by the Jailer.

108. FOOD OF CIVIL PRISONERS.—The food of Civil prisoners shall be purchased and issued by the Jailer, care being taken that no improper substances of any kind find their way into the Civil Jail, and that the allowance of the prisoners is expended, *bonâ fide*, in the purchase of wholesome articles of food.

109. DIET FOR EUROPEANS.—The following Dietary is for European prisoners in Mofussil Jails at other stations than Ootacamund.

G. O. No. 442 of  
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European Jail, Ordinary Diet.

Days.	Breakfast.	Dinner.	Supper.
Monday. Wednesday. Friday.	12 oz. of Bread. 1 pint of Coffee.*	1 lb. of Potatoes. Soup (consisting † of 3 oz. Meat, 3 oz. Potatoes, 1 oz. Dholl meal, 1 oz. Onions) one pint. Pudding, consisting of 5 oz. Flour, $\frac{1}{4}$ oz. Suet.	10 oz. of Bread. 1 pint of Soojee, (con- taining meal 2 oz. Sugar 1 oz.) 1 pint of Tea.
Tuesday. Sunday.	8 oz. of Bread. 1 pint of Coffee.	1 lb. of Potatoes 4 oz. of cooked Meat.	6 oz. of Bread. 1 pint of Soojee (as above.)
Thursday.		Pudding as above.	1 pint of Tea.
Saturday.	12 oz. of Bread. 1 pint of Coffee.	$\frac{1}{4}$ lb. of Potatoes, and $\frac{1}{4}$ lb. of Rice. 3 oz. of Meat curried into 1 pint of Soup. Pudding as above.	10 oz. of Bread. 1 pint of Soojee (as above.) 1 pint of Tea.

\* Coffee 1 pint— $\frac{1}{4}$  lb. of Coffee a week.

$\frac{1}{4}$  lb. of Sugar ditto.

† One ounce of Salt daily— $\frac{1}{4}$  dram of pepper daily.

*If sentenced to simple or solitary confinement for terms of twenty-one days,  
and under.*

20 oz. Bread.

Gruel, made with 1 pint milk, night and morning; Suet dumpling (5 oz.

Flour, 1 oz. Suet.)

1 oz. Onion.

1 oz. Salt.

Females and juveniles on the 1st scale will receive 6 oz. of bread a day  
less; in all other respects the same dietary as for adult males.

### Hospital Diet for Jails.

110. The subjoined scale of Diet may, with the sanction of the Inspector-  
General of Jails, be used for native prisoners in Jail Hospitals in cases where  
a special diet is absolutely required; the ordinary Jail ration must in all cases  
be given to patients suffering from local ailments, and to all those sick pri-  
soners who do not imperatively require a change of food.

ARTICLES COMPRISING THE DIFFERENT HEADS OF DIETS FOR A DAY.

*Avoirdupois Weight.*

Spoon.	Milk.	Low.	Full.
Sago..... 4 oz.	Bread or rice... 12 oz.	Mutton in broth 6 oz.	Mutton for curry 8 oz.
Sugar..... 2 "	Milk..... 2 pts	Bread or rice ... 12 "	Rice*..... 8 "
Milk..... 6 "	Sugar..... 2 oz.	Ghee..... 1 "	Curry powder... $\frac{1}{4}$ "
Rice } For Conjee 2 "	Rice } For Conjee 2 "	Onions..... 1 "	Country vegeta- bles... 4 "
Salt } Water .... 2 drs	Salt } Water .... 2 drs	Barley ..... $\frac{1}{4}$ "	Hoppert.... No. 6
		Flour..... $\frac{1}{4}$ "	Bread..... 8 oz.
		Salt..... 1 "	Ghee. .... 1 "
			Salt..... 1 "

## BREAKFAST.

Spoon.	Milk.	Low.	Full.
Sago..... 1 oz.	Bread or rice... 4 oz.	Bread or rice... 4 oz.	Hoppers..... No. 6
Sugar..... $\frac{1}{2}$ „	Sugar ..... 1 „	Ghee..... $\frac{1}{2}$ „	Ghee..... $\frac{1}{2}$ oz.
	Milk..... $\frac{1}{2}$ pt.		

## DINNER.

Spoon.	Milk.	Low.	Full.
Sago..... 2 oz.	Bread or rice... 8 oz.	Mutton in broth 6 oz.	Mutton for curry 8 oz.
Sugar..... 1 „	Milk..... 1 pt.	Bread or rice... 4 „	Vegetables..... 4 „
Milk..... 6 „	Sugar..... 1 oz.		Rice..... 8 „

## SUPPER.

Spoon.	Milk.	Low.	Full.
Sago..... 1 oz.	Milk..... $\frac{1}{2}$ pt.	Bread or rice... 4 oz.	Bread..... 8 oz.
Sugar..... $\frac{1}{2}$ „		Ghee..... $\frac{1}{2}$ „	Ghee..... $\frac{1}{2}$ „

\* Or rice 1 lb. omitting the bread.

† Hoppers to weigh 2 oz. each when cooked.

The weight of meat in the above diets to be exclusive of bones.

111. **Clothing and Bedding.**—Civil prisoners, prisoners under trial, and prisoners sentenced to simple imprisonment, are permitted to wear their own clothing, to supply their own bedding, and to use their own drinking and cooking vessels.

✓ 112. In all cases requiring it, suitable clothing and bedding shall be provided for prisoners, whether untried or convicted, and extra clothing and blankets, on a written requisition from the Medical Officer, shall be supplied to the sick, the aged, and the infirm.

113. All prisoners sentenced to rigorous imprisonment shall wear a Jail dress, and be furnished with Jail blankets, bedding, cooking, and drinking vessels, tin or earthen.

114. The bedding of prisoners shall consist of a blanket and a coir mat. Every convict shall be supplied with two cotton cloths in the year. The cloth for male convicts shall be 3 yards in length and 1 yard in width. That for females shall be 6 yards in length and 1 yard in width. In those Central and District Jails, where jackets and breeches of the Bangalore Jail pattern have been introduced, cloths will not be issued.

115. Every male convict laboring beyond the limits of the Jail shall also be furnished with a blanket hood of the pattern prescribed by the Inspector General of Jails.

✓ 116. **EXTRA CLOTHING.**—On the requisition of the Medical Officer, the Officer in charge of the Jail may supply aged and weakly prisoners with such extra clothing as may be necessary.

117. **WASHING.**—The clothing of prisoners shall be washed at least once a week.

118. The prisoner's bedding and blanket, and spare clothing shall be left in the wards or cells during the day-time.

119. The coir mat issued for bedding shall be 8 feet in length and  $2\frac{1}{2}$  feet in breadth, one end of which is to be rolled up to form a pillow.

120. **SLEEPING MATS.**—When prisoners have to sleep on damp ground, each prisoner shall be allowed, on the requisition of the Medical Officer, a grass mat, 6 feet in length by  $2\frac{1}{2}$  in breadth, in addition to his bedding of coir mat. It is, however, of great importance that prisoners should not sleep on the ground itself, but be raised above it. This object must be secured by some method suited to the circumstances and locality, but which shall not provide facilities for offence and escape.

121. **Sanitary duties of Jails.**—For Sanitary duties of Officers in Medical charge of Jails (see *Section X. "SANITARY REGULATIONS."*)

122. **Transportation of Convicts.**—Every convict, whose sentence of G. O. No. 161 of transportation it is intended to carry into effect, shall, 1868. Judl. Dept. before he is sent to the port of embarkation, be examined as to his physical condition by a Committee consisting of—

(a.) The Officer in charge of the Jail.

(b.) The Magistrate of the District, or, in his absence, the Covenanted Civil Officer in charge of the Station.

(c.) When the Officer in Medical charge of the Jail is not also the Superintendent, he will be added to this Committee.

If, on examination, the convict appears to have passed his 45th year, or is from infirmity or disease unfitted for hard labor, the Committee will submit a report to the Inspector General of Jails, for the orders of Government, and such convict shall not be sent from the Jail in which he is confined, until the orders of Government are received. The Committee will specify in their report whether the infirmity or disease under which the convict is suffering is of a chronic or temporary nature.

If the convict is considered to be under 45 years of age, in robust health, and fit for hard labor, he will be sent for embarkation to Madras, where he will, before embarkation, be again similarly examined before a Committee consisting of—

(d.) The Commissioner of Police, or other Officer in charge of the Penitentiary.

(e.) The Officer in Medical charge of the Penitentiary.

(f.) The Superintendent of Marine.

This Committee will observe the directions stated above, and will, in like manner, report to Government any case in which a convict is not considered to be in a fit condition for transportation.

123. **Jail Hospitals.**—European medicines, instruments, &c., are obtainable from the store depôt of the division, on annual or extra indent, sanctioned by the Administrative Medical Officer of the circle.

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124. **FURNITURE.**—List of Furniture, Bedding, and other articles to be supplied for the use of Jail Hospitals.

Articles.	Quantity or numbers.	Remarks.
Almirahs ... ..	...	3 for a Central, and 1 for a District Jail.
Basins, brass ... ..	2	
Bolsters ... ..	...	1 per cot.
Cots, iron ... ..	...	3½ per cent. of population of the Jail.
Chairs, Dispensary ... ..	2	
Cots, boarded, for fractures ... ..	1	
Cork-screws ... ..	2	
Crutches, pairs ... ..	2	
Close stool-pans (metal) ... ..	...	8 for Central, and 3 for District Jail.
Docket-holders, tin ... ..	...	5 per cent. of population of Jail.
Fomentation tins... ..	2	
Fumigating bell .. ..	1	
Funnel ... ..	1	
Hip baths, wooden ... ..	1	
Jackets, straight ... ..	...	2 for a Central, and 1 for District Jail.
Lamp, square, for lighting Native Hospitals ... ..	...	As required.
Lanterns, common ... ..	1	
Lime squeezer ... ..	1	
Nutmeg grater ... ..	1	
Palliasses ... ..	...	1½ per cent.
Pillows with covers ... ..	...	1½ per cent.
Portable hand-shade, tin, with stand ... ..	1	
Rat trap ... ..	1	
Tables, compounding ... ..	1	
Do. writing, with drawers... ..	1	
Do. dissecting ... ..	1	
Do. bed side, or tea poy ... ..	...	12 for Central, and 4 and 2 for District Jails, according to size.
Trays, rattan, for dressing ... ..	1	
Do. for medicine ... ..	1	
Towels ... ..	6	
Tape, broad, yards ... ..	...	To be indented for as required.
Tubs, for bathing... ..	...	2 for a Central, and 1 for a District Jail.
Do. for foot bath ... ..	2	do. 1 do
Iron urinals with covers ... ..	2	do. 1 do

125. **Coal tar.**—Coal-tar for sanitary purposes may be indented for on

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the nearest Arsenal, in such quantities as may be sanctioned from time to time by the Inspector General of Jails.

### District Surgeons, Presidency.

126. **DISTRICT SURGEONS AT THE PRESIDENCY.**—The town and suburbs of Madras have been divided into four Medical districts or divisions, to each of which a Surgeon is appointed.

127. **First District.**—The 1st District includes all that portion of the town within Municipal limits which lies north of the General Hospital, and of the Northern Esplanades. The dependent duties are Surgeon to the Native Infirmary, Leper Hospital, and Black Town Dispensary, and the Medical charge of the Male and Female Civil Asylums, Debtor's Jail, and Foundling Hospital.

128. **Second District.**—The 2nd District includes all places within Municipal limits lying North of Poonamalee Road, and West of Cochrane's Canal. The dependent duties are Surgeon to the Female Hospital, Vepery, Medical charge of the Military Female Orphan Asylum, and of the establishments connected with the Gun-powder and Gun-carriage Factories.

129. **Third District.**—The 3rd District includes all places within Municipal limits lying between the Poonamalee and Mount Roads. The dependent duties are Surgeon to the Penitentiary, and Military Male Orphan Asylum.

130. **Fourth District.**—The 4th District includes all places within Municipal limits, South of the Mount Road, and the houses south of the Adyar, on the understanding, that, with the consent of His Excellency the Governor, the duty of affording medical attendance to public officers residing at the Club, the Club Chambers, and Pater's Gardens, shall be performed by the Surgeon to the Governor when resident in Madras. During the absence of the Surgeon to the Governor this duty will devolve on the Surgeon of the 4th District. The dependent duty of the District is that of Surgeon to the Triplicane Hospital. The Collector of Madras, residing at Sydapett, is entitled to medical assistance from the Medical Officer of the Indian Establishment at Saint Thomas' Mount.

131. In emergent cases, any Medical Officer is liable to be called upon, and is required to afford Medical aid, irrespective of the district boundary.

132. **DUTIES OF DISTRICT OFFICERS.**—The duty of affording aid to officers on Medical certificate at the Presidency, and to all Civil and Military servants of the Government stationed at the Presidency, who are not otherwise provided with Medical aid, will be performed by the several officers of the four districts within their respective ranges.

133. **RECORDS.**—With respect to the records to be kept, and periodical papers to be furnished by them, District Surgeons will be guided by the instructions contained in Section XX.

134. **INQUESTS.**—Although all Medical Officers at the Presidency are held liable to attend the summons of the Coroner, this duty, in ordinary circumstances, will devolve on the Medical Officer, within whose range the inquest may be held.

135. **MEDICO-LEGAL EXAMINATIONS.**—Magistrates may summon the nearest **Medical Officer** to examine and report on lunatics, or to perform other public duty.

136. **General Hospital available for Government servants.**—Uncovenanted servants of the Government drawing Rupees 100 and

G. O., No. 792 of 1865, Pub. Dept. upwards per mensem are, as a rule, entitled to the attendance of the Medical Officer at their own homes, but at the Presidency where the duty of attending upon this class of public servants would bear very heavily on Medical Officers, and where suitable accommodation is available on payment of very moderate charges in the General Hospital, of which for their own sake it is desirable that Government servants should avail themselves, such Government servants as decline to avail themselves of these advantages, will, as heretofore, make their own arrangements for Medical attendance.

### **District Surgeons, Neilgherries.**

137. **Sanitaria, Neilgherry Hills.**—Two Medical Officers are sanctioned for the station of Ootacamund, and one for Coonoor, who has also supervision of the station of Kotagherry. These appointments are classified as 2nd class civil stations, and are tenable for a period of four years.

138. **OOTACAMUND.**—The station of Ootacamund is divided into two medical districts, and all official duties pertaining to a district, are performed by the medical officer in charge. The District Medical Officers of Ootacamund hold exactly the same relative position to each other, and to the Deputy Inspector General of the circle, as do the District Surgeons of the Presidency. Each officer is independent of the other, as regards his official duties.

139. **Rules for the guidance of Officers visiting the Neilgherry Hills on Medical Certificate.**—(a) All sick officers, immediately on arrival at G. O. C. C. No. Ootacamund, Coonoor, or Kotagherry are to report themselves, either personally or in writing, to the Medical Officer in whose district they are, and, if necessary, apply for his medical attendance.

(b.) So long as officers are under medical treatment, they must obtain the permission of their medical attendant before changing their station or absenting themselves from it beyond the day ; but when not under treatment may change their station as often as they feel inclined, always reporting themselves to the Medical Officer of their new station.

(c.) Every officer, while under medical treatment, is to consider himself in the hands of the Surgeon of the district in which he resides, and such District Officer is alone responsible for his patient's treatment.

(d.) In cases of emergency Medical Officers, without reference to their particular charge, will afford the most prompt assistance, to all cases in which their services are called for, informing the patient at the same time, who his proper medical attendant is.

(e.) Medical certificates granted by private practitioners to Military Officers, cannot under any circumstances be recognized : but such certificates when countersigned (after perusal of the case and personal examination of the patient) by the Medical Officer of the district, are to be submitted for the decision of a board of Medical Officers, convened under the orders of the Officer Commanding the Division.

(f.) Officers are not to quit the Hills for the purpose of returning to their duty, until such period, short of the expiration of their leave, as will allow them time, at the prescribed rate of marching or travelling, to join : and then only upon being reported by the Medical Officer of their district as fit to join.

(g.) The families of Military Officers, if in military employ, are entitled to gratuitous medical aid from the Surgeon of the district in which they reside.

(h.) Officers of Her Majesty's British and Madras Armies, residing on the Neilgherries, are available, under orders from the Officer Commanding the Mysore Division, for employment at Wellington, or other station on the Hills, on Military duties, such as courts-martial, (superior to regimental,) or mixed committees of Her Majesty's service, unless reported unfit by their medical attendant.

(i.) A monthly Register or Roster will be kept by each Medical Officer, shewing the rank and names of the officers considered eligible for such employment, who will forward the register on the 1st or 2nd of each month

G. O. C. C. No. 106 of 1864. to the Deputy Assistant Adjutant General of the division. All officers not under medical treatment will present themselves to the Medical Officer, in whose district they reside on or about the last day in each month, to enable him to prepare the register.

(j.) This arrangement is intended to obviate the necessity of withdrawing officers from distant stations, for the performance of duties which can be readily carried on locally, and it is to be distinctly understood that such employ will confer no claim to extra allowances, or to compensation for any other allowances suspended during residence on the Hills ; nor is an officer to be detailed for such duty, if it shall interfere with the tenor of his medical certificate by placing him on duty of uncertain duration, and thus preventing his return to duty within the period originally specified, unless under special sanction to be specially obtained from Army Head-quarters.

(k.) Printed copies of these rules are supplied from Madras to each



Medical Officer, for information of sick officers on arrival on the Hills, which, when thoroughly perused, will be returned to the Medical Officer signed.

(l.) Any infringement of these orders, is to be immediately reported to the Officer Commanding the Division, through the proper channel, who will, if necessary, forward the same to the Adjutant General of the Army, for His Excellency's disposal.

N. B.—Officers on privilege leave on the Neilgherries are to report themselves on arrival and departure to the Deputy Assistant Adjutant General of the Division, and are available for the duties specified in clause (h.) at the discretion of the Officer Commanding the Division, who will, however, detail officers on general, in preference to those on privilege, leave.

### Chemical Examiner.

140. **CHEMICAL EXAMINER.**—The Professor of Chemistry in the Madras Medical College is *ex-officio* Chemical Examiner to the Government of Fort Saint George.

141. **Duties.**—The duties of the Chemical Examiner are chiefly to examine and report upon substances submitted to him for investigation, by Magisterial and Police Officers, in cases where poisoning is suspected. He is also required to analyse and report on specimens of water used by troops in Military Cantonments, or encamping grounds; to examine soils submitted to him by order of Government, and generally, to test the quality of articles of food and drink supplied to troops and public institutions, when he may receive instructions to that effect.

142. As the medico-legal investigations are the most important of the duties of the Chemical Examiner, it is to be understood that analyses of waters, soils, &c., can only be undertaken when the Chemical Examiner may have no other work on hand requiring immediate attention.

143. **LABORATORY AND RE-AGENTS.**—The Chemical Examiner is provided by Government with a laboratory and all essential apparatus and re-agents for the performance of his duties.

144. **Suspected substances for analysis.**—In the transmission of suspected matters (in cases of poisoning or suspected poisoning) to the Presidency for analysis, the following rules are to be observed, viz. :—

(a.) Three objects should be carefully attended to in the despatch of all suspected matters; the proof of identity; the impossibility of any interference during transit; and, thirdly, preservation from decomposition.

(b.) Articles for analysis should be enclosed in perfectly clean glass bottles or jars, accurately corked, tied, and sealed with hard wax, and by the

private seal of the Surgeon or Magistrate. Bottles, &c., should be enclosed in a thick layer of cotton, and all placed in tin, soldered, and sealed. When wooden boxes must be used, these should be sealed and taped at every opening, below as well as above.

(c.) All liquid and animal matters liable to decomposition, should be put up in, or mixed with, the strongest spirit available; this effectually prevents decomposition, and without interfering with the subsequent analysis, obviates many serious accidents.

(d.) A minute and detailed account of the case, symptoms, appearances on dissection, and treatment, if any, should in every instance be forwarded, as these afford a clue, not only to the kind or class of poison made use of, but also not unfrequently, to the individual or identical poison itself.

(e.) In cases where arsenic or any other mineral poison is suspected, and when the patient has survived for twenty-four hours or more after its exhibition, the liver should be sent, as well as the stomach and a part of the intestines, also a portion of any suspected matter, which might have been the vehicle of exhibiting the poison, as food, rice, congee-water, &c. When any substance vomited by a patient is forwarded, it should be mentioned whether it is a portion of the *first* vomiting or not; the matters emitted by the first vomitings are most likely to contain portions of the poison.

145. LOCAL ANALYSES.—The rules for the transmission of suspected substances, as above given, will not prevent analyses being made by Medical Officers at out-stations, who may have the means of examining suspected matters; and it is desirable on legal grounds that local analyses should be made whenever possible.

146. VEGETABLE POISONS.—When the use of a vegetable poison is suspected, it is quite competent for the Medical Officer on the spot, to do all that the Chemical Examiner can do. With this object, a portion of the suspected substance should be treated with proof spirit and a little acetic acid for 24 or 48 hours\*; after applying a gentle heat, the mixture should be thrown upon a filter. The filtrate should be evaporated over a water-bath, to the consistence of an extract, and the physiological action of the extract should be tested by administering a portion of the same to a young chicken, puppy, or kitten. Dilatation of the pupil following the introduction of a small quantity of the extract into the eye of the last animal, gives ground for suspecting the presence of *dhatura* or *aconite*.

147. Whenever a partial examination of a suspected substance has been made by the Medical Officer on the spot, and the substance is subsequently for-

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\* *Gánjah* will communicate a green color to this infusion.

warded to the Chemical Examiner, the result of the local investigation is to be stated.

148. **SUSPECTED MATTERS TO BE SENT TO DISTRICT SURGEON.**—Police Officers, Magistrates and others should in every case forward suspected substances in the first instance to the District Surgeon, and this Officer, if unable to come to a definite opinion thereon, is responsible for their transmission to the Chemical Examiner, with every needful statement elucidatory of the case.

149. **Collection of water for analysis.**—In forwarding samples of waters, it is essential that the person seeking the analysis should obtain the specimens with his own hands, and attend to the following instructions:—

(a.) The bottles should be absolutely clean, which can be effected by washing them out with sulphuric acid and distilled water.

(b.) Glass stoppered bottles are best, but if those are not procurable, *new corks* are to be used with the ordinary quart wine bottle, of light colored glass. In filling the bottles a little space should be left between the cork and the water.

(c.) Not less than one gallon of water is to be forwarded.

(d.) Each bottle to be labelled, with the name of the well, and date of collection.

(e.) The employment of peons, or servants in procuring samples of water for analysis is positively forbidden, and the Chemical Examiner will be justified in refusing to undertake any analysis, unless it is certified to him by the person forwarding the specimen, that he has himself collected, or personally superintended the collection of the specimen, and that every precaution has been taken to obtain the water in its natural state.

150. **BEER.**—When Malt liquor is sent to the Chemical Examiner not less than two quart bottles should be forwarded.

151. **BLOOD STAINS.**—Medical Officers should make known to Police Officers, Magistrates, &c., that the Chemical Examiner has no means of distinguishing the blood of human beings from that of other mammals, and that, under ordinary circumstances, medico-legal evidence as to blood stains can be given as well by District Medical Officers, as by the Chemical Examiner.

152. **Private analytical work.**—It is no portion of the duty of the Chemical Examiner to analyse samples of food or drink tendered by private parties for supply to the Commissariat or other departments of the Government. The Commissariat Department may, if necessary, require of parties tendering a certificate from a recognized Chemical Analyser that the articles tendered are, chemically, what they profess to be.

153. Whenever the Chemical Examiner may have a doubt as to the propriety of individuals calling upon him to undertake analyses, he is to refer to the Inspector General, Indian Medical Department, for orders.

## SECTION IV.

### SUB-ASSISTANT SURGEONS.

1. **Origin of grade.**—The grade of Sub-Assistant Surgeon was established on the 23rd April 1847, when, under instructions G. O. G. No. 92 of 23rd April 1847. from the Honorable the late Court of Directors, the Madras Government authorised the formation of a superior grade of native medical practitioners for the service of the several Collectorates.

2. **NATIVE SURGEONS RANKED WITH THE GRADE.**—On the first establishment of the superior grade, the designation “Native Apothecary” was employed to distinguish it, but when the three first members of the Memo., 21st May 1852, Pub. Dept. grade obtained their diplomas as Graduates of the Madras Medical College, the designation was changed to that of “Native Surgeon.” Native Surgeons who were in the service before 1863, have the privilege of retaining the title, if they prefer it, in lieu of “Sub-Assistant Surgeon.”

3. **OPEN TO ALL CLASSES.**—The grade of Sub-Assistant Surgeon is now G. O. G. No. 171 of 1863. open to Europeans and East Indians, as well as to Natives. Previous to 1863, it was restricted entirely to Natives of “respectable connections and good character.”

4. **Establishment.**—A Sub-Assistant Surgeon is allowed for each of the districts marginally named—

G. O. G. No. 92 of 1847.	Arcoot (North).	Kistna.	They are to be stationed at such places in the different districts as may be considered best adapted to render their services most useful to the native community, and they will be required from time to time, especially during the prevalence of sickness, to itinerate through the districts allotted to them, for the purpose of more generally affording medical aid to the people.
	Bellary.	Madura.	
	Canara (South).	Malabar.	
	Coimbatore.	Nellore.	
	Cuddalore.	Salem.	
	Cuddapah.	Tanjore.	
	Ganjam.	Tinnevelly.	
	Guntoor.	Trichinopoly.	
	Godavery.	Vizagapatam.	

time, especially during the prevalence of sickness, to itinerate through the districts allotted to them, for the purpose of more generally affording medical aid to the people.

5. **PROPORTION OF APPOINTMENTS FOR SUBORDINATES.**—Of the eighteen appointments at present sanctioned in the grade of Sub-Assistant Surgeon, a

proportion of one-third is reserved for members of the subordinate medical establishment, who may be specially permitted to study and compete for the same.

6. **Qualification.**—The Madras Medical College having ceased to issue G. O. No. 112 of diplomas of qualification in Medicine and Surgery, all 1864 Edl. Dept. candidates for employment as Sub-Assistant Surgeons, who do not belong to the subordinate medical department, must now obtain a degree, or degrees, in Medicine and Surgery from the Madras, or some other University. Medical Subordinates will be subjected to a special examination to test their fitness to enter the grade.

7. **PAY.**—The pay of Sub-Assistant Surgeons is as follows: subject to the passing of a satisfactory examination at the end of the 7th and 14th years of service—

	Per mensem.
Under seven years from the date of appointment...	Rs. 100
Seven years and under fourteen... ..	150
Fourteen years and upward... ..	200

8. **LEAVE AND PENSION.**—Sub-Assistant Surgeons are entitled to leave, and to pensions under the rules applicable to the Uncovenanted Civil Service.

9. **Duties.**—Sub-Assistant Surgeons may be appointed at the discretion of Government to the medical charge of Civil Dispensaries, situated in the districts to which they are attached. Sub-Assistant Surgeons, whether in charge of Dispensaries or not, are to afford medical assistance to the poor of the district. They are prohibited from demanding fees for attendance on Government servants, and generally from those who can ill afford to pay them. Sub-Assistant Surgeons are entitled to claim reasonable fees from private individuals who employ their services, as well as from Government servants in Civil employ, for medical attendance on their families. Sub-Assistant Surgeons are employed only on Civil Medical duties.

10. **VACCINATION.**—Sub-Assistant Surgeons are to interest themselves in spreading vaccination, in their own immediate circles.

11. **STUDY OF PATHOLOGY.**—They are to take every convenient opportunity of making post mortem examinations of the fatal cases occurring under their care, obtaining in every case the full consent of the relatives, and invariably performing the examination with neatness, and decency.

12. **POSITION OF SUB-ASSISTANT SURGEONS.**—Sub-Assistant Surgeons hold a superior position to officers of the Subordinate Medical Establishment; they are expected to live as, and to associate with gentlemen of their own station in life, and at all times to maintain the honor and dignity of their profession.

Min. Consult. No. 466  
21st May 1852. Pub.  
Dept.  
Medl. Dept. No. 730,  
of 9th May 1852.

13. **STIPENDS GIVEN FOR AID TO THE POOR ONLY.**—The stipends allowed by Government to Sub-Assistant Surgeons, are expressly given for attendance on the poor, and for affording aid to Government servants. It was never intended that the incomes of this class of medical practitioners should be restricted to their official stipends. They are permitted, and expected, to engage in private practice amongst the wealthy inhabitants of their districts.

14. **SEPTENNIAL EXAMINATIONS.**—Sub-Assistant Surgeons are required to G. O. G. No. 169 pass two Septennial Examinations. The first on the of 1852. completion of seven years' service, the second on the completion of fourteen. The examinations will be conducted by a committee appointed by the Inspector General, Indian Medical Department, who will indicate the nature and extent of the examinations.

15. It will be in the power of the committee in case of culpable neglect of Medical study, to recommend to Government the postponement of promotion, or, if necessary, to recommend removal from the grade of Sub-Assistant Surgeon.

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## SECTION V.

### MEDICAL SUBORDINATE DEPARTMENT.

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#### I.—Apothecaries.

#### II.—Assistant Apothecaries.

#### III.—Apprentices.

#### IV.—Hospital Assistants.

#### V.—Medical Pupils.

1. **Two classes.**—The Subordinate Medical Establishment is divided into two classes.

2. **APOTHECARY CLASS.**—The first is designated the "Apothecary" class, G. O. G. G., No. 550 for general employment with European Troops, Hospitals, of 1868. Depôts, &c., including what was formerly known as the Subordinate Medical Department in Bengal, the corresponding portion of the Medical Establishment in Madras, and the Warrant Medical Officers and Apprentices in Bombay.

3. **HOSPITAL ASSISTANT CLASS.**—The second is designated the "Hospital Assistant" class, for general duty with Native Troops and Native Civil Hospitals, and include the former "Native Doctors" in Bengal, "Dressers" in Madras, and "Hospital Assistants" in Bombay.

4. **Enlistment.**—All candidates desirous of enlisting in Her Majesty's G. O. G. No. 170, Indian Forces, Madras Presidency, for the Medical of 20th April 1867. Subordinate Department, may, if found eligible, be enlisted according to the rules in force for that department, and be attested agreeably to the subjoined forms.

5. Prior to enlistment, the candidate is to be examined by a Medical Officer, and, if declared fit for the service, his personal description is to be duly registered, and the Articles of War for mutiny and sedition—striking or offering violence to a superior Officer; disobeying the lawful command of a superior Officer; and desertion; with the punishments awardable—are to be read and explained to him before he is attested.

6. Form of Attestation for Europeans and the sons of natural-born British subjects, East Indians, and others professing the Christian religion and amenable to the Mutiny Act, *not being Natives of India.*

*Declaration to be made by the person on Attestation.*

I now residing in the of in the of do solemnly and sincerely declare, that to the best of my knowledge and belief I was born in the of in the of and am years of age; that I am of the trade or calling of (or of no trade or calling, as the case may be): that I am not an apprentice: that I am not married: that I am not a widower, (or that I am a widower and that I have, or have not children): *that I do not belong to the Militia, or to the Naval Coast Volunteers or to any portion of Her Majesty's Land or Sea Forces:* that I have never served Her Majesty by Land or Sea in any Military\* or Naval employment whatsoever, except:— *that I have never been marked with the letter D:* that I have never been rejected as unfit for Her Majesty's service *on any previous enlistment:* that I was enlisted at on the day of 18, by of, and have no objection to make to the manner of my enlistment: that I am willing to be attested to serve in the Medical Subordinate Service of Her Majesty's Indian Forces of the Madras Presidency, as a Paid Hospital Apprentice (or Medical Pupil) and subsequently when qualified for transfer, as an Assistant Apothecary (or Hospital Assistant) until legally discharged.

\* This shall be held to include employment as *Medical Apprentice, Pupil, or Student in the Medical College.*

Signature of person.

Signature of witness present.

*Oath to be taken by the person on Attestation.*

I do make oath, that I will be faithful and bear true allegiance to Her Majesty, Her Heirs

and Successors, and that I will, as in duty bound, honestly and faithfully defend Her Majesty, Her Heirs and Successors, in person, Crown, and dignity, against all enemies, and will observe and obey all orders of Her Majesty, Her Heirs and Successors, and of the Generals and Officers set over me.

So help me God.

Witness my hand

Signature of person.

Signature of witness present.

The above declaration and oath were made before me at                      this  
day of                      one thousand eight hundred and

Signature of Justice.

7. Form of attestation for Natives of India, professing and not professing the Christian religion, amenable to the Articles of War for the Native Army.

A declaration to be made in the form above ordered.

An oath to be taken in the form above established, by those professing the Christian religion, or a solemn affirmation to be made by those not professing the Christian religion, in the following form :—

I                      solemnly affirm, in the presence of Almighty God, that I will be faithful and bear true allegiance to Her Majesty, Her Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend Her Majesty, Her Heirs and Successors, in person, Crown, and dignity, against all enemies, and will observe and obey all orders of Her Majesty, Her Heirs and Successors, and of the Generals and Officers set over me.

Signature of person.

Signature of witness present.

The above declaration and solemn affirmation were made before me at  
this                      day of                      one thousand eight hundred  
and

Signature of Justice.

8. OPEN TO ALL CLASSES.—The Subordinate Medical Department, whether of the Apothecary or Hospital Assistant class, is open to all classes of Her Majesty's subjects, irrespective of caste or creed.

9. Apothecary Class.—Candidates for the Apothecary class must not be below fifteen, nor above eighteen years of age. They must produce certificates of age, with testimonials as to character and respectability and a certificate of physical fitness for Military Service, signed by a Commissioned Medical Officer of the British or Indian Service.



10. These certificates must be sent to the Secretary to the Inspector General, and if in all respects satisfactory, candidates will be eligible to appear at a competitive examination.

11. **Competitive Examination.**—A competitive examination will be held once a year at the Presidency and chief Military and Civil stations in Madras, and British Burmah, where there may be a Commissioned Medical Officer to superintend the examination. Due notice will be given of the dates of examination, and of the probable number of vacancies to be filled, by advertisement in the *Fort Saint George Gazette*.

12. **STANDARD OF EXAMINATION.**—The following is the standard of examination :—

A. **ENGLISH.**—A portion not exceeding thirty lines in length, selected from a standard English author will be given as an exercise in dictation. Ten errors in spelling (exclusive of technical and other unusual words which will not be counted) will exclude the candidate from further competition. Bad marks will be assigned to defective hand writing.

(b.) Meaning of words and phrases in grammatical construction of sentences, and in Grammar generally.

B. **VERNACULAR.**—A colloquial examination in one of the following Vernaculars, at the option of the candidate :—

Hindustani.

Tamil.

Telugu.

Care will be taken to ascertain the facility possessed by each candidate of making himself understood in the vernacular which he has selected.

C. **HISTORY.**—The leading facts of the Histories of England and of India.

D. **GEOGRAPHY.**—General Geography, and the Geography of India in particular.

E. **ARITHMETIC.**—The first four rules of Arithmetic, Vulgar and Decimal Fractions, and Proportion.

F. **ALGEBRA.**—Algebra, including Addition, Subtraction, Multiplication, and Simple Equations.

G. **EUCLID.**—The first book of Euclid.

13. **EXAMINATION BY PRINTED PAPERS.**—Examinations will be conducted by means of printed papers, prepared by the Inspector General, Indian Medical Department, in communication with the head of the Educational Department.

14. At the end of each day's examination, the papers of each candidate stitched together, and signed by the candidate, will be forwarded

in sealed covers, *superscribed as such*, by the superintending officer to the Secretary to the Inspector General, when steps will be taken, in communication with the Head of the Educational Department, to have the results valued, for submission to His Excellency the Commander-in-Chief.

15. Officers appointed to conduct examinations, will see that candidates execute their papers without aid: they will also read out the passage marked for dictation; and take steps to test the colloquial knowledge of the Vernaculars possessed by the candidates. They will also see that candidates write on one side of the paper only, that different subjects be written on entirely separate papers, and that at the head of every page the candidate's name and station be inserted, and finally that the papers are numbered and stitched together.

16. **ATTESTATION.**—Candidates who may be successful in obtaining the highest number of marks in passing the examination as above, will, according to the number of vacancies to be filled up, be at once attested in accordance with para. 4, and will then be admitted on the establishment as "Hospital Apprentices."

17. **Hospital Apprentices, Five years' training.**—Hospital Apprentices will, if the exigencies of the service permit, be required to serve for a period of five years in the acquisition of a knowledge of the duties of their profession. Two years, when practicable, are to be spent in such Military Hospitals as the Apprentices may be posted to, and the last three years at the Madras Medical College, and General Hospital.

18. **STIPENDS.**—For the first two years stipends are allowed to Hospital Apprentices as follows:—

1st year Rupees 16 per mensem.

2nd „ „ 20 „

Rations, or compensation of Rs. 10 in lieu, and free quarters or House rent at Rs.  $7\frac{1}{2}$  per mensem, will also be given.

19. **Hospital Training.**—APPRENTICES AND MEDICAL PUPILS.—The following regulations are to be strictly observed in the training of Hospital Apprentices and Medical Pupils, during their pre-collegiate course.

(a.) All Hospital Apprentices and Medical Pupils shall be attached, when the exigencies of the public service permit, to Civil or Military Hospitals, or public Dispensaries at the station where the parents or other relatives of the candidates may be residing.

(b.) The distribution of Hospital Apprentices and Medical Pupils will be arranged on the recommendation of the Inspector General, Indian Medical Department, by His Excellency the Commander-in-Chief.

(c.) The object in view in placing Hospital Apprentices and Medical

Pupils to do duty in Hospitals, as a preliminary to their attendance at the Medical College, is to give them an insight into the practical duties which the Government expect of medical subordinates.

(d.) Medical Officers, of whatever branch of the service the Hospital Apprentices or Medical Pupils may be placed under, are enjoined to see that the lads are taught the reading of prescriptions, the uses, doses, and nature of pharmacopoeial preparations, the mode of dispensing medicines with accuracy and neatness, and the preparation and application of minor surgical appliances, such as blisters, bandages, and also the arts of cupping, leeching vaccination, &c. With this view the candidates and pupils will be daily instructed by the senior medical subordinate present.

(e.) The Medical Officer will take care that no candidate or pupil is entrusted with the sole preparation of medicines for the use of the sick in Hospital, until he has been examined as to his knowledge of the uses and doses of drugs, and has been proved competent to the task of dispensing.

(f.) Candidates and Pupils are further to be instructed in the rules and regulations applicable to the management of the Hospitals they may be doing duty in; the nature and number of the various diets in use for the sick, and in the preparation of the various returns, indents, and tabular statements pertaining to the Department.

(g.) Native Medical Pupils will be required to attend Hospital, neatly and cleanly dressed, in time for the morning and evening visits of the Medical Officer. During the day, or a portion of the day, they will be required to attend at an English school to prosecute their general education for such time as the Medical Officer may deem fit, and while so engaged will not be employed on night duty. Native medical pupils will be required to defray their own school expenses out of the stipends allowed them. The Medical Officer will specify the name of the school in his monthly report.

(h.) Hospital Apprentices will attend Hospital in time for the morning and evening visits of the Medical Officer. During the day they will perform such duties as may be assigned to them, and, if required, they will also be put on a roster for night duty. It is to be understood, however, that the detailing of a Hospital Apprentice for night duty is not to absolve the medical subordinates of the Corps, or Hospital, from attendance.

(i.) Elementary text books will be provided for the Hospitals to which Hospital Apprentices and Pupils may be attached. Medical Officers will be held responsible that the books are taken due care of, and regularly studied by the pupils. For this purpose, it is desirable that Medical Officers establish weekly examinations in such subjects as may have been read, or studied in the previous week.

(j.) A separate room shall, if possible, be set apart in each Hospital for the use of the Apprentices and Pupils.

(k.) A monthly report on the progress of Apprentices and Pupils is to be made, through the Division, to the office of the Inspector General, Indian Medical Department. Apprentices and Pupils are warned that, in the event of the reports of their superiors being of an unsatisfactory nature, shewing inattention to duties, or inaptitude for improvement, they will be subject to dismissal, or such other punishment as the nature of the offence may merit.

(l.) Pupils and Apprentices of East Indian or European parentage are prohibited from marrying, until they have passed through the Medical College.

(m.) When more than one Apprentice, or native medical pupil is present,

Cir. No. 733, 15th a single Roll, including the names of all attached to the February 1866. Hospital, will be sufficient,

20. The roll should be in the following form :—

*Report on a paid Medical Candidate (or Pupil) attached to the Hospital of — at — for the month of — 18 .*

Name.	General character for sobriety and zeal in the performance of duty.	General state of health.	Whether progress in general and professional attainments is satisfactory.	Name of the School the Pupil has attended during the month.	Remarks.

*Station.*

*Date*

*Signature of Medical Officer.*

21. **Periodical Examinations during pre-collegiate course.**—During their pre-collegiate course, Hospital Apprentices will be subject to periodical examinations.

22. First Examination at the close of six months.

*Subjects.*—The sensible properties, names, uses, and doses of the more common medicines in the Dispensary.

23. Second Examination at the close of twelve months.

*Subjects.*—The whole subject of Practical Pharmacy and the reading of prescriptions.

24. Third examination at the close of eighteen months.

*Subjects.*—The Pharmacopœia, and the essentials of minor surgery.

25. Fourth examination at the close of the pre-collegiate course.

*Subjects.*—Practical Pharmacy, the Pharmacopœia, minor surgery, and Osteology, *i.e.*, the names of all the bones in the body, and their most marked processes.

26. **Order of admission to Medical College.**—At this final examination, Hospital Apprentices will be required to give proof of their competence to make out correctly the usual Hospital “Returns;” in the preparation of which they should be specially instructed during the second year of their pre-collegiate course. The results of these examinations will determine the order of merit, according to which lads will be drafted into the Medical College on the following rates of pay:—

3rd Class Student...	...Rupees 20 per mensem.
2nd Do ... ..	25 ..
1st Do ... ..	30 ..

with rations and quarters, or house-rent as specified in paragraph 18.

27. These periodical examinations will be conducted at the several stations by written questions prepared by the Principal of the Medical College, under instructions from the Inspector General, Indian Medical Department. A Medical Officer of the station will supervise the examinations, and be guided by the instructions laid down in paragraph 15.

28. **MEDICAL COLLEGE.**—Hospital Apprentices, while studying in the Madras Medical College, will be subject to the orders of the Principal of that Institution, and to the rules and regulations laid down for students of the second or Military Department of the College.

29. **Passed Hospital Apprentice.**—On the completion of the third year of study at the Medical College, Hospital Apprentices, if, on examination, found qualified for advancement to the grade of Assistant Apothecary, will be promoted thereto. Should the established strength of the Assistant Apothecary grade be at the time complete, they will be designated and paid as “Passed Hospital Apprentices,” and be promoted to the grade of Assistant Apothecary as vacancies occur. Passed Hospital Apprentices will revert to Regimental employ, or join General, or Station Hospitals, until promoted.

30. Passed Hospital Apprentices, when in subordinate medical charge of a body of troops, will have temporary warrant rank as Assistant Apothecaries whilst so employed.

31. **Grades of Apothecary Class.**—The “Apothecary” class will consist of—

(*a.*) *Senior Apothecaries*, in the proportion of one-tenth of the effective establishment of Apothecaries. Until June 1878, the number now allowed will not, under any circumstances, be reduced.

- (b.) *Apothecaries.* { 1st Class (after five years' service as Apothecary.)  
2nd Class (below five years' service as Apothecary.)
- (c.) *Assistant Apothecaries.* { 1st Class (after five years' service as Assistant Apothecary.)  
2nd Class (below five years' service as Assistant Apothecary.)
- (d.) *Passed Hospital Apprentices.*
- (e.) *Hospital Apprentices.*

32. **RANK AS WARRANT OFFICERS.**—All these grades, with the exception of the Hospital Apprentices, will hold the rank of Warrant Officers, and receive warrants, which will give them a rank above all Non-Commissioned Officers.

33. **Honorary Assistant Surgeons.**—The grade of Honorary Assistant Surgeon will form no portion of the regular Medical Subordinate Establishment, but will be given specially to those deemed worthy of the distinction. When a medical warrant officer attains this honorary rank, he will no longer be employed as a medical subordinate with a Regiment, or corresponding body of European Troops, but will be supernumerary to the fixed establishment.

34. It is to be understood that commissions of this nature will not carry G. O. G. G., No. 408 of 1864 pay, or increase of pay on attaining advanced rank. The remuneration of the individuals must be dependent on their position in the department, or post in which they may be serving.

35. **Strength of Apothecary class.**—The strength of the "Apothecary" class will be fixed on the following basis:—

The effective strength will comprise the numbers of the several grades actually necessary for the duties with European Troops regimentally, and in station hospitals; with depots, sanitarium, and medical store depots, as also with the Indian Marine, and Telegraph departments, together with an additional margin of fifteen per cent. in each grade to provide for detachments and other temporary duties, and for absentees on general or sick leave.

36. **APOTHECARIES IN CIVIL EMPLOY SECONDED.**—All who may be employed in civil or miscellaneous duties other than Military, or those above specified will be extra to the regular establishment, and will be seconded, their names being borne in the Army List in italics. In the event of a senior Apothecary being so *seconded*, a promotion will be made in his room.

37. **Hospital establishments.**—The allotment of the Apothecary class for Regimental and other Military establishments is as follows:—

For a European Regiment of Cavalry or Infantry, a large Depot, or Sanitarium equal to a Regiment,—

- 1 Apothecary.
- 1 Assistant Apothecary.
- 1 Passed Hospital Apprentice.
- 1 Hospital Apprentice at least, and more if available.

For a Brigade of Artillery,—

- 1 Apothecary.
- 1 Passed Hospital Apprentice.
- 1 Hospital Apprentice at least, and more if available.

For a Battery of Artillery, with Head-quarters, or detached, or a small Depot or Sanitarium,—

- 1 Assistant Apothecary.

For a Garrison or Cantonment Hospital, or Presidency Medical Store Depot,—

- 1 Apothecary.
- 1 Assistant Apothecary.

For the Head-Quarters of the Corps of Sappers and Miners,—

- 1 Apothecary or Assistant Apothecary.

For Provincial Medical Store Depots,—

- 1 Apothecary.

38. HONORARY RANK ON RETIREMENT.—Members of the “Apothecary” class, who have completed twenty-five years’ service, exclusive of the period passed in the grade of Hospital Apprentice, will, on retirement, be granted the honorary rank of Assistant Surgeon, if specially recommended for that distinction.

39. SERVICE FOR RETIREMENT.—Medical Warrant Officers will not be entitled to retire until they have served thirty years in the department, exclusive of the period served as Hospital Apprentice, unless they are reported by a Medical Committee to be unfit for further effective duty.

40. ASSISTANT APOTHECARIES MAY COMPETE FOR SUB-ASSISTANT SURGEON GRADE.—In order to afford junior members of the “Apothecary” class of undoubted ability and good character, an opening to further advancement, a limited number of Assistant Apothecaries, after having served five years in that grade may, if they are specially recommended as likely to profit by the measure, and if the exigencies of the service permit, be allowed to attend the Medical College for a further period, not exceeding two years, to qualify themselves for the grade of Sub-Assistant Surgeon. On appointment to that grade, they will be struck off the establishment of the “Apothecary” class, and join the civil body of Sub-Assistant Surgeons under the usual conditions.

### Hospital Assistant Class.

**41. Native Medical Pupils.**—The following regulations are sanctioned for the training of Medical Pupils to qualify them for the grade of Hospital Assistant.

G. O. C. C. 21st  
November 1868, No.  
151.

**42.** Candidates must not be below fifteen, nor above nineteen years of age, and they must obtain—

(a.) A testimonial as to character.

(b.) A certificate of physical fitness for Military service, signed by a Commissioned Medical Officer of the British, or of the Indian Establishment.

**43.** These certificates must be lodged with the Secretary to the Inspector General, Indian Medical Department, at the time of making application, when the candidate's name, age, parentage, caste, &c., are to be registered in a book kept for that purpose.

**44. SONS OF SOLDIERS.**—In the selection of candidates, other things being equal, preference will be given to the sons of Native Commissioned and Non-Commissioned Officers and Soldiers.

**45. Competitive Examination.**—Candidates who may be approved of, will have to undergo a competitive examination to determine their fitness to undergo a course of medical study. The examination will be held once a year, and the number of vacancies to be filled up, and the time and places of examination, will be notified by public advertisement in the *Fort St. George Gazette*.

**46. STANDARD OF EXAMINATION.**—The following standard of examination will be adhered to:—

**A. ENGLISH.**—A portion not exceeding thirty lines in length, selected from a standard English author, will be given as an exercise in dictation. Twenty errors in spelling, exclusive of technical and other unusual words, which will not be counted, will exclude the candidate from further competition. Bad marks will be assigned to defective hand-writing.

Candidates will also be examined in the meaning of words and phrases, in grammatical construction of sentences, and in grammar generally.

**NATIVE LANGUAGE.**—Candidates will further be required to translate into English, a short exercise in their own vernacular, and to translate into their own vernacular, a short exercise in English.

**B. HISTORY.**—The leading facts of the History of India.

**C. GEOGRAPHY.**—The Geography of India.

**D. ARITHMETIC.**—The first four rules of Arithmetic, and vulgar and decimal fractions.

**E. TRANSLATION.**—To read and write their own vernaculars, with fluency and accuracy.



47. Examinations will be conducted, as in the case of candidates for admission to the grade of Hospital Apprentice, by means of printed papers prepared by the Inspector General, Indian Medical Department, in communication with the Director of Public Instruction.

The rules for conducting the examination of Hospital Apprentices are applicable to the examination of Medical Pupils.

48. **ATTESTATION.**—Candidates who obtain the highest number of marks in the competitive examination will be admitted upon the establishment, and will be designated "Native Medical Pupils": they must be attested in the usual way.

49. **Pre-collegiate course.**—Medical pupils will be attached for two years, if the exigencies of the service permit, to such Military and Civil Hospitals as the Inspector General may select, and provided they have attained the required standard in the knowledge of English, will while so attached, receive the following stipends:—

1st year	...	...	Rupees 7 per mensem.
2nd do.	...	...	" 8 "

and free quarters, or Havildar's rate of hutting money (Rupees 4) will be given. Free passage, or travelling allowance will be given when proceeding

G. O. G. G., No. 293 to join the Hospital to which they may be posted, and of 1869, Med. Dept. pay will commence from date of passing the examination.

50. **PRE-COLLEGIATE TRAINING.**—During the period they may be attached to Hospitals, Native Medical Pupils, will be instructed by Medical Officers in charge, and examined every six months, according to the regulations laid down for Hospital Apprentices. (See paras. 19—25.)

51. **Medical College.**—Native Medical Pupils will, if practicable, undergo a course of two years' training in the junior department of the Medical College, Madras, and while attached to that Institution will be amenable to the orders of the Principal of the College. The stipends, while at college, will be as follows:—

		For those qualified in English.	For those not qualified.
2nd Class Student	...	Rupees 9	Rupees 7
1st do.	...	" 10	" 8

with free quarters, or hutting money.

52. **PASSED MEDICAL PUPILS.**—Native Medical Pupils will, on completing their College career, and passing the prescribed examination, receive the designation and pay of "Passed Medical Pupils," unless or until they are promoted to the grade of 3rd Class Hospital Assistant. In such case, they

will join a Military or Civil Hospital, as subordinates, until they receive promotion.

**53. Classification of Hospital Assistants.**—Medical Subordinates of the "Hospital Assistant" grade are classified as 1st, 2nd, and 3rd Class Hospital Assistants, the classes being regulated by length of service.

1st Class Hospital Assistants are those who have completed fourteen years of service; 2nd Class, seven years; and the 3rd Class, includes all those who have served a shorter period than seven years.

**54. Rank.**—Hospital Assistants hold rank below all Native Commissioned, and above all Native Non-Commissioned Officers.

**55. Establishment.**—The regular establishment of Hospital Assistants will comprise the number requisite for, and employed on, Military duties, or on those connected with the Indian Marine and Telegraph Departments, together with a margin of fifteen per cent. to meet extra and temporary duties and absentees. All the members of this branch required for civil or miscellaneous duties will be extra to the regular establishment, and will be *seconded*, their names being borne in italics on the list.

**56. Military Establishment.**—The sanctioned establishments for Military purposes are as follows:—

For a Native Regiment of Infantry or Cavalry, or a Native Depôt or detachment of greater numerical strength than a wing,—

2 Hospital Assistants.

For a Native Battery of Artillery, a detached company of Sappers, or a detachment of Native Infantry or Cavalry less than a wing,—

1 Hospital Assistant.

For a station or detail Native Hospital or Lock Hospital,—

1 Hospital Assistant.

For a Regiment of British Cavalry, a Brigade or Division of Royal Artillery, or a detached Battery of Horse, Field, or Heavy Artillery,—

1 Hospital Assistant.

**57. Promotion to Sub-Assistant Surgeon.**—The grade of Sub-Assistant Surgeon will not be considered as forming a portion of the regular establishment of the "Hospital Assistant" class; but when by their conduct and attainments, they can prove themselves well qualified for advancement, a certain number of Hospital Assistants may, if specially recommended, be allowed—the exigencies of the service permitting—to attend the Medical College for a period not exceeding two years, with a view to their qualifying for the grade of Sub-Assistant Surgeon.

**58.** Hospital Assistants who have been advanced to the grade of Sub-Assistant Surgeon, will be entitled to retire after completing the requisite

service under the Uncovenanted Service Rules, counting their service from the date of passing their examination as Hospital Assistants.

59. **CONDITIONS UNDER WHICH COMPETITION FOR SUB-ASSISTANT SURGEON IS PERMITTED.**—Before a Hospital Assistant can be allowed to return to the Medical College to undergo a course of study for the grade of Sub-Assistant Surgeon, he must have served seven years in the grade of Hospital Assistant, and likewise be possessed of a competent practical knowledge of the English language. This opportunity of advancement will only be extended to such members of the service as are reported specially deserving by their general conduct and qualifications, and who have kept up their professional knowledge by the study of English works on Medicine and Surgery, and who are likely to be able to pass the requisite examination within the prescribed period of two years.

60. **Numbers assigned to Hospital Assistants.**—With a view to prevent mistakes as to the individuality of the subordinates in the Hospital Assistant branch of the Subordinate Medical Department, in which there are many persons of the same name, or of names so nearly alike as to be scarcely distinguishable from one another, it is directed that a number be assigned to each Hospital Assistant and Native Medical Pupil.

61. The number assigned will accordingly be inserted in every official document in which a subordinate's name is mentioned, and this number will be retained by the individual, as long as he may remain in the medical establishment, without reference to any change in his rank.

62. Numbers that may become vacant by casualties will not again be assigned to any individual, unless a fresh numeration of the whole establishment should take place.

63. On the entertainment of a Native Medical Pupil being notified, a number will, at the same time, be assigned to him in General Orders.

64. **Duties of Medical Subordinates.**—The especial duty of the Apothecary, Assistant Apothecary, and Hospital Assistants in Regimental or other Hospitals will be the charge of the Regimental Dispensary, including the custody of all medicines, instruments, &c., the making up of prescriptions, and keeping accounts of expenditure of medical stores.

65. Medical Subordinates in British corps are not, under ordinary circumstances to be employed in making out or examining  
B. M. S. Cir. No. 7. of 18th March 1868. Returns, except the Returns of Medicines, Instruments, &c., connected with their own department; but where no Hospital Writer is allowed, they must prepare the statistical Returns also, or render such assistance in their preparation as the Medical Officer may require.

66. **MEDICAL OFFICERS PRIMARILY RESPONSIBLE.**—Medical Officers in

charge of hospitals are invariably to be held responsible for the custody, preservation, and distribution of the medical supplies of every description attached to the hospital dispensaries; para. 64 is intended to define the duties which Medical Subordinates are required to perform, subject to the control and direction of their immediate superiors.

67. **TO OBEY ORDERS.**—Medical Subordinates of all classes will obey the instructions communicated to them by the Medical Officers under whom they may be placed. They are to take the utmost care of all Medical, Surgical, and Purveyors' Stores belonging to the hospital; to dispense and administer the medicines ordered by the Surgeon, and to see that the Hospital servants perform carefully their several duties, and generally, in the absence of the Medical Officer, that all duties of the Hospital essential to the well-being of the sick are diligently and efficiently performed.

68. **TO ADMINISTER MEDICINES.**—The practice of delegating the administration of medicines to ward coolies is prohibited.

69. **NOT TO PRESCRIBE EXCEPT IN EMERGENCIES.**—Medical Subordinates are not, under ordinary circumstances, to prescribe for patients in hospital. If the case on admission be of an urgent nature, the Medical Officer in charge is to be immediately sent for, and the subordinate will use his discretion in the adoption of such temporary remedies as the urgency of the case may seem to require.

70. **MEDICINES NOT TO BE ISSUED WITHOUT AUTHORITY.**—Medical Subordinates are prohibited from issuing medicines on the requisition of non-professional persons, and except in cases of unavoidable necessity, no medicine shall be supplied, unless under the orders of the Medical Officers in charge of, or attached to, corps or hospitals. Emergent prescriptions, however, forwarded to the nearest hospital for preparation are immediately to be attended to. Military Officers belonging to Regiments, who may require an occasional dose of aperient, or other medicine, should be furnished with a prescription, and in such cases, it will only be necessary to return the vessel in which the medicine was received, with the label initialed by the Medical Officer, when it becomes requisite to have it renewed.

71. **Detachment duties.**—The Medical duties of details or small detachments, whether of European or Native troops, are to be performed by Medical Subordinates generally; for which purpose a sufficient number of the several grades will be placed in each division of the Army.

72. **Apothecaries, Assistant Apothecaries, and Hospital Assistants,** attached to Administrative circles, are to be held expressly available for duty with detachments, or invalids moving from station to station; while those attached

to Garrison Surgeons or Deputy Medical Store-keepers, are not to be detached unless on occasion of necessity.

73. SUBORDINATES WITH DETACHMENTS TO BE RELIEVED.—Commanding Officers will, when practicable, relieve Medical Subordinates temporarily attached, for the purpose of affording medical aid, to detachments or small parties, European or Native, which may pass through their divisions or stations, in order that they may return to their own stations as soon as possible. Officers Commanding Divisions and Stations will, on the same principle, avail themselves, upon all suitable occasions, of the service of such Medical Subordinates, as, on their return to their stations, may be disposable for duty with detachments en route, or immediately about to move.

74. MEDICAL STORES, AND COMFORTS.—No time should be lost by Medical Subordinates in delivering over surplus stores to the Commissariat Store-keepers or in returning their supplies of medicines and instruments to Medical Store Depots.

75. On the arrival of detachments at their respective destinations, the boxes with the remains of the supply of medicines will be delivered over to the Medical or Deputy Medical Store-keeper, as the case may be, or at stations where there is no depôt of Medical Stores, to the senior Medical Officer present. These medicines are to be brought on the hospital books of the Medical Officers by whom they are received and accounted for under the head “received by transfer from detachments.”

76. CUSTODY OF MEDICAL COMFORTS.—Medical Subordinates, on returning to Madras from foreign service in charge of details, shall, until the sick have been disposed of, forward the chest of medical comforts for safe custody to the Government Granary on the Beach, which is open daily from 10 A. M. to 5 P. M., Sundays and holidays excepted; or they will deliver the chest to the sentry at the Commissary General's Office, if they arrive beyond those hours, unless they are in a position to make their own arrangements for the protection of Government stores committed to them. On the disposal of the sick they will hand over the remaining medical comforts with the necessary vouchers to the Store-keeper General at the Commissariat Office. Lists of medical comforts and a return showing daily expenditure are to be rendered to the Deputy Inspector General of the Circle, soon after arrival.

77. A cart for the conveyance of the chest can readily be procured by indent on the Commissariat Department.

78. INSTRUMENTS TO BE IN GOOD ORDER AND COMPLETE.—Deputy Inspectors General of Hospitals, shall, in every instance, ascertain when Medical Subordinates are proceeding in charge of detachments, that the instruments supplied to them are complete, and in good order.

79. **LOSS OF GOVERNMENT STORES.**—Medical Subordinates who lose, or wilfully or negligently destroy instruments or utensils entrusted to their care for public use, are to be held responsible for them, and shall be required to replace them at their own expense.

80. **INDENTS FOR MEDICAL STORES.**—Medical Subordinates in charge of small detachments at out-stations, and attached to Civil establishments, are generally to restrict their indents to the list of articles allowed in 3rd class medical indents. Deputy Inspectors General will, in every case where demands for extra articles of supply are made by Medical subordinates, call for an explanation, and restrict such requisitions as far as possible.

81. Medical Subordinates who are in sole charge of permanent out-posts and minor civil stations or departments, are to be furnished with a pocket case, a catheter, male silver, a field tourniquet, and a set of tooth instruments, which are to be accounted for in the yearly returns of expenditure of medicines, &c.

82. Individuals of the Subordinate Medical establishment detached with sick officers or parties of troops, are on no account to leave them on their arrival at a station, until regularly relieved.

83. **Vaccination.**—Medical Subordinates, whether attached to Civil or Military Hospitals, will take every opportunity of extending vaccination, not only to the people of their own charge, but to the inhabitants of the neighbouring pancherry, bazaars, or adjoining villages; those attached to Collectors will invariably practice vaccination, during the tour of Jummabundy, when many opportunities present for the practice of the operation.

84. It is the duty of every Regimental Medical Officer to maintain vaccination in the Regiment, Regimental bazaars, and places frequented by camp followers, with the help of his subordinates; and of Civil Surgeons in the jail and station generally; and all Medical Subordinates in isolated positions are responsible for maintaining vaccination in their various spheres.

85. A monthly return is to be forwarded to the Deputy Inspector General of the Division, showing the number of persons vaccinated by subordinates.

86. Applications for lymph should be made to the Deputy Superintendent of Vaccination of the circle.

87. **Civil Department, Control.**—All Medical Subordinates in the civil department are subject in their professional capacity to the supervision and control of the Executive Medical Officer of the Zillah or District to which they belong, or the nearest thereto, and when not actually employed on circuit in the district, they will perform their duties in communication with the District Surgeon, or under his immediate instructions.

88. In order to bring the whole of the Medical Subordinates of a District in civil employ, in turn, under the eye of a superior professional officer, it is directed that all Revenue Officers when returning to stations where they are no longer dependent for professional aid on the services of the Medical Subordinates attached to their respective offices, shall direct such Medical Subordinates to place themselves under the orders of the chief Medical Officer of the station, until such time as their exclusive services may again be required for duty elsewhere.

89. When thus temporarily placed under the orders of the Medical Officer, the subordinates may be employed by him only at the *Head-quarter Station*, until required by their departmental superiors.

90. Cases will sometimes arise when the services of Hospital Assistants not under the immediate orders of the Civil Surgeon, whether resident at the Zillah station or in the provinces, may be required for emergent duty in any part of the district. In all such cases, however, the permission of their departmental superiors must be *previously obtained* by the Deputy Inspector General of Hospitals, or the Zillah Surgeon, and Government will hold the departmental officers responsible in the event of their refusing the services of their subordinates when required on emergency for other duty than that to which they have been specially nominated.

91. It will be the duty of the Medical Officer applying for the services of a Hospital Assistant, under the circumstances contemplated by the foregoing paragraph, to intimate at the same time the arrangements proposed for supplying his place during his temporary absence.

92. Government have strictly forbidden the withdrawal of Medical Subordinates without the authority of their departmental superiors.

93. **Court Martial, Warrant Officers.**—Warrant Officers and Hospital Apprentices not being liable to imprisonment by sentence of Courts Martial, are not to be medically examined, with a view to their capacity for enduring such punishment, previous to their trial.

94. **ARREST.**—No stoppages are to be made from the pay and allowances of a Warrant Officer while under arrest, except under the sentence of a competent Court, unless any portion of his emoluments be in the nature of staff pay, when it will rest with the Government to decide, whether that portion shall be withheld under the rules which apply to a Commissioned Officer.

95. **EXTRACT FROM COURT MARTIAL SHEETS TO BE FURNISHED TO HEAD**  
Circular No. 3,114 **OF MEDICAL DEPARTMENT.**—An extract from the confirmed  
of 25th July 1866. proceedings of all Courts Martial, other than General,  
held on Medical Subordinates, must be taken by the Commanding Officer of  
the Regiment, or by the Medical Officer of any department to which the  
prisoner is attached, and transmitted to the Inspector General of the Indian  
Medical Department at the Presidency for record in his office, and for the Court  
Martial Sheet accompanying the prisoner. Court Martial sheets for Medical  
Subordinates doing duty with British troops, will be sent, on the first instance  
to the Inspector General, British Medical Service.

96. In the case of Medical Subordinates serving in civil employ, who  
may be made over for trial by Court Martial to Officers Commanding Divi-  
sions or Stations, the extract will be taken and forwarded by the Division or  
Station Staff Officer.

97. G. O. C. C. No. 107, dated 26th December 1854, contains the  
form in which the extracts should be made.

98. **Medical Subordinates unfit for service, to be immediately**  
Cir. No. 4,004 of **relieved.**—It rests with Deputy Inspectors General of  
20th Nov. 1865. Circles, to make immediate and temporary arrangements  
promptly to replace any Subordinate pronounced unfit for service by an Invalid-  
ing Committee, without waiting for the pensioner's name to be notified in  
General Orders.

99. In every case, the exact arrangement by which the duties of the  
Subordinate are to be conducted, must be indicated by the Deputy Inspector  
General to the Civil Surgeon or other executive Medical Officer on the spot,  
and responsibility will rest with the latter to give prompt effect to the order  
of his divisional superior.

100. **Mileage.**—A fixed mileage allowance of four Annas is granted to all  
Cir. No. 2,667 of Civil Medical Subordinates, to whatever department at-  
28th June 1866. tached, who may be required to proceed to any distance  
beyond five miles from their stations for the purpose of examining corpses or  
wounded persons, or to be present at the execution of sentences of corporal  
punishment, or when required to travel on special or extraordinary duty.  
Subordinates in *Military* employ who may be called upon to make a post-mor-  
tem examination or to certify to the nature of wounds or injuries, are entitled  
to draw a fee of five Rupees, besides mileage.

101. Mileage is not claimable when travelling on transfer from one  
station or department to another, or in the ordinary movements of Medical  
Subordinates on detachment, or jumma bundy duties, &c. Marches undertaken  
in the ordinary course of duty are already provided for.



102. **Reports.**—Apothecaries and Hospital Assistants, on their arrival at the Presidency shall, in addition to the other reports prescribed by regulations, report in person their arrival, place of residence, and the cause of their absence from their several stations, with the authority by which it may have been sanctioned, at the Inspector General's Office (Indian Medical Department). A similar report is to be made by the above grades on quitting the Presidency. Subordinates under the orders of the Inspector General, British Medical Service, will report themselves to that official.

103. **Casualties.**—Medical Officers in charge of hospitals or establishments, whether Civil or Military, are required to report *direct* to the Inspector General, Indian Medical Department, and without delay, *all* casualties in the Medical Subordinate Department, which may occur among individuals who may be under their orders, or in hospital.

104. Similar reports are to be made to the Deputy Inspector General of the Division.

105. **Channel of communication with superior authority.**—It is an irregular practice for Hospital Assistants to address their superiors by letter on any subject; the course that ought to be adopted by individuals below the grade of a Warrant Officer in preferring their grievances, claims, &c., is to state them to their immediate superiors, who after making the necessary enquiries, and being satisfied of the justice or correctness of their representations, will submit the same through the regular channel with their own observations and opinion on the merits of the case to Head-quarters, for His Excellency the Commander-in-Chief's orders.

106. **MEDICAL SUBORDINATES NOT TO BE EMPLOYED ON PRIVATE SERVICE, &c.**—The employment by Medical Officers of subordinates under them in any private capacity, is most positively forbidden.

107. **Discharge.**—No Medical Subordinate will be entitled to claim his discharge under ten years' service, calculated from date of first appointment as Medical Apprentice or Medical Pupil, otherwise than upon payment of the amount of stipend received by him up to date of his being passed out of the Medical College as qualified for the public service: and no Apprentice or Medical Pupil can be permitted to relinquish the service without sanction of the Commander-in-Chief, and a refund of the whole amount of stipend received during his service.

108. **Apothecary Class, Promotion.**—No Assistant Apothecary shall be promoted to the rank of Apothecary, until he shall have passed his examination for the superior grade, before a Board of Medical Officers.

109. The Board will be composed, at the Presidency, of the Deputy Inspector General, Indian Medical Department, as President, and the Principal of

the Medical College and a Professor as members, and at other stations of the Deputy Inspector General of Hospitals of the Division as President, and two Medical Officers as members.

110. The examination will embrace the following points :—Anatomy, Surgery, Materia Medica, Pharmacy, Practice of Medicine, Midwifery, and Vaccination. The report will be made agreeably to the following form :—

*Report upon examination of Medical Subordinates—(here enter date and month) 18 .*

Rank and Name.	For what grade examined.	QUALIFICATION IN							Remarks.
		Anatomy.	Surgery.	Materia Medica.	Pharmacy.	Practice of medicine.	Midwifery.	Vaccination.	
									Qualified or not qualified.

(Size, Foolscap, half a sheet.)

Station

18 .

A. B., *President.*

C. D.,  
E. F., } *Members.*

111. **Nature of Examination.**—In the extent to which the examination is to be carried in the several particulars above specified, the Board will be guided in each case by the opportunities which the individual may have enjoyed of acquiring professional knowledge, but under no circumstance is any individual to be passed for the superior grade, unless found perfectly qualified for the duties which he will actually be required to perform.

112. **Certificates of Qualification.**—Each individual passed by the Board will receive a certificate of qualification for the next superior grade. Certificates granted by up-country Boards will be forwarded by the President for registry in the Medical College, when they will be returned to the President for delivery to the parties examined.

113. **Half-yearly Examination.**—The examination will take place half-yearly in the months of June and December, and for the convenience

of individuals, who may desire to obtain certificates of qualification in anticipation of their promotion, Assistant Apothecaries from No. 1 to No. 10 on the list, will be allowed to present themselves before the Board for that purpose.

114. **OUT-STATIONS.**—Assistant Apothecaries succeeding to promotion when at out-stations, not having already passed, will be appointed to *act* in the superior grade, until an opportunity may offer for their undergoing the prescribed examination.

115. The assembly of the Board of Examiners and all subsidiary details will be under the direction of the Commander-in-Chief.

116. **Promotion of Hospital Assistants.**—Hospital Assistants will, in like manner, be subjected to examination for promotion to the 2nd and 3rd classes of their grade by a Board of Medical Officers appointed by the Commander-in-Chief on the following subjects, viz., Anatomy Surgery, Materia Medica, Practice of Medicine, Midwifery, and Vaccination, to ascertain that they keep up their knowledge of professional subjects.

117. A report agreeably to the following form, is to be forwarded to the Inspector General in duplicate, signed by the President :—

\* *Report upon examination of a Medical Subordinate at (here enter station)  
dated (here enter date and month) 18 .*

Rank and Name.	For what class examined.	QUALIFICATIONS IN						Remarks.
		Anatomy.	Materia Medica	Surgery.	Midwifery.	Practice of Medicine.	Vaccination.	
								(Here state distinctly whether the Hospital Assistant is found qualified for the higher class or not.)

\* (Size, Foolscap, half a sheet.)

*President Medical Committee.*

118. 3rd Class Hospital Assistants will be examined before they are promoted to 2nd class, and 2nd class before promotion to 1st class. Promotions to the several classes will not be made unless the reports of the Medical Boards on the qualifications of candidates are quite satisfactory.

119. **Annual reports on Medical Subordinates.**—A report is to be furnished annually by all Medical Officers, whether of Her Majesty's British or Indian services, for each Apothecary, Assistant Apothecary, and Hospital Assistant under them, which report is to be dated 1st January, and transmitted so as to reach the office of the Inspector General, Indian Medical Department, on or before the 15th of that month, through the channel of Deputy Inspectors General. The reports on Medical Subordinates doing duty with British troops, are to be forwarded through the customary channels to the Inspector General, British Medical Service. Medical Officers are held responsible for the correctness of these reports.

120. A report is also to be furnished annually for each Medical Apprentice, and Native Medical Pupil.

121. Blank printed forms of the above reports will be supplied annually by the Inspector General, Indian Medical Department.

122. **REPORTS TO BE ACCURATELY RENDERED.**—The annual reports on Medical Subordinates being in many instances incomplete, and as Medical Officers often ascribe this defectiveness to a want of sufficient opportunity for observation, caused by movements and changes in the department, it is ordered that every executive Medical Officer on relinquishing a charge, is to insert in the "Miscellaneous Return Book" a statement descriptive of the qualifications, and general conduct of each of the Medical Subordinates for whatever period subsequent to the preceding annual return, such subordinates may have been employed under him; and when a Medical Subordinate is removed from one situation to another, a similar statement will be forwarded by his immediate superior, to the Administrative Medical Officer of the Division, for transmission to the Surgeon or Assistant Surgeon under whom he has been appointed to act. The Medical Officer who furnishes the annual return, will introduce therein a summary of the information thus collected, adding his own remarks and notices, and as these documents are of much importance, it is expected that all possible attention will be paid to render them exact, and accurate in every particular.

123. **REPORTS ON SUBORDINATES IN INDEPENDENT CHARGE.**—With regard to a Subordinate who holds a separate charge, the Deputy Inspector General will apply to the Military Officer Commanding the Station, or Head of the Department under whom he is placed, to ascertain if he has been attentive to the sick and correct in his conduct and deportment during the period

indicated in the return; and in recording an opinion on these points the departmental superior will state whether he has reason to be satisfied with the manner in which the Subordinate's professional duties have been performed.

124. The instructions contained in the two preceding paragraphs, are also applicable to Apprentices, and Pupils.

125. **Annual Examinations.**—At all stations where practicable, a committee of two or more Medical Officers will be assembled annually in the month of December, by Officers Commanding Divisions and Forces, for the purpose of ascertaining the proficiency of Subordinates of the Medical Department.

126. The Committee of Examination of Medical Subordinates at the Presidency will be assembled under orders from the Adjutant General of the Army.

127. Examinations will be conducted under instructions from the Inspector General, Indian Medical Department, and extracts from the proceedings will be furnished by the local Committee to the Medical Officers concerned, for entry in the corresponding columns of the annual reports, forwarded on the 1st of January.

128. At stations where there may be only one Medical Officer, and where in consequence a Committee cannot be assembled, Medical Officers in charge will furnish the Subordinates serving under them with written questions on the subjects in which they have to be examined, according to their rank, and transmit a copy of the questions, and the Subordinates' answers thereto, to the President of the nearest Committee, with a certificate that the answers have been written in his presence, and without the aid of notes or books.

129. Discrepancies having been found to exist in the reports of different Medical Officers upon the same individual, Medical Officers are enjoined to ascertain by strict examination and enquiry, the professional attainments and character of each Medical Subordinate before filling up the reports, for the accuracy of which the Officers signing them will be held responsible.

130. The proceedings of Committees of Examination are to be prepared in the annexed form :

*Report upon the examination of Medical Subordinates serving at—  
Station and date.*

Corps or Department.	Rank.	Names.	General state of health and fitness for active service.	Professional qualifications or grades for which he has been found qualified by examination.	Attainments and progress in professional acquirements. Number of persons vaccinated during the year, successful or unsuccessful.	Remarks.

\_\_\_\_\_, *President.*  
 \_\_\_\_\_  
 \_\_\_\_\_ } *Members.*

131. Committees may be applied for to examine such Medical Subordinates as may be absent on command, or from other cause, on their joining their stations, so as to complete the annual reports.

132. **APOTHECARIES EXEMPTED.**—Apothecaries are not required to appear before the annual Committees for the examination of Medical Subordinates.

133. **Examination to be practical.**—The examinations are to be conducted with a view to ascertaining the practical knowledge of hospital duties by Medical Subordinates. The questions to be put to them, must be of a general character, on the following subjects, viz., pharmacy, surgery, vaccination, and general practice.

i. In pharmacy, the examination to embrace the uses and doses of the principal medicines, and reading and writing of prescriptions.

ii. Minor operations in Surgery, viz., bleeding, dressing wounds, and ulcers, opening abscesses, and the means of suppressing hæmorrhage.

iii. Vaccination, method of performing the operation, and whether its efficacy as a prophylactic and preservative against small-pox contagion, is fully understood.

iv. General practice—The symptoms of the principal diseases, such as

fevers, bowel complaints, cholera, and liver disease, the indications of cure, and the appropriate remedies to be employed in the treatment.

134. Subordinates who have been educated at the Medical College, in addition to a practical acquaintance with the subjects above named, are further to be tested as to their acquirements in the branches of Medical science which have been taught them at that institution, the examination being particularly directed to ascertain whether they have, by subsequent study, kept up their knowledge of professional subjects.

135. **Professional improvement.**—Medical Officers will take every opportunity of giving clinical instruction to their Subordinates, on medical and surgical cases undertreatment, and they are requested also to guide and aid them in the prosecution of their studies by placing at their service any useful elementary or other medical works in their possession.

136. Deputy Inspectors General will give their best attention to the important subject of the improvement in professional knowledge of Medical Subordinates; they will afford advice to Medical Officers as to the mode of conducting weekly or other examinations, and they will ascertain occasionally the progress and attainments of the Subordinates by personal examination.

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## SECTION VI.

### TRAVELLING ON DUTY.

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#### I.—Travelling by Dak.

#### II.—Travelling by Railway.

#### III.—Travelling by Sea.

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##### Travelling by Dak.

1. Medical Officers, Commissioned or Warrant, proceeding on public duty, otherwise than by sea, under orders from competent authority, shall proceed by the most expeditious available mode of travelling, and, provided the journey is performed without unnecessary delay, at the public expense.  

G. O. G. G. No. 778  
of 22nd Sept. 1864.  
G. O. G. No. 143,  
15th April 1865.
2. (The following rules have special reference to inland dāk and to passages in coasting or river steamers, and do not interfere with G. O. G. G. No. 317 of 1864, which applies to sea voyages.)  

G. O. C. C. No. 29  
of 22nd March 1865.

3. On occasion of Officers being ordered on duty, the General or Divisional or Garrison Order will specify the duty on which proceeding, the mode of travelling, and that the journey is "on duty at the public expense."

4. **Definition of term "on duty."**—The term "on duty" will comprise all movements of Officers ordered from their station for the advantage of the service, as distinct from their personal convenience.

It will include :—

I. Officers belonging to, or doing duty with, troops ordered to proceed more expeditiously than by marching or by water.

II. Officers ordered on Courts Martial, Courts of Enquiry, or Committees, at other stations than their own.

III. Officers employed on special, periodical, or other authorized tours of inspection.

IV. Officers ordered to join their corps proceeding on service, or on any emergency rendering their presence necessary, or when their regiments are ordered to embark for Europe or the Colonies.

V. Officers ordered to join the depôts of their corps in England, or coming from those depôts to join their regimental head-quarters in India. (This includes Medical Officers of the British Medical Service, who at the expiration of a tour of Indian Service have to travel to a port of embarkation.)

VI. Officers removed for the convenience of the service from one staff appointment, or from one Corps or Battery to another, or from head-quarters to a separate wing or detachment, as also Officers doing station duty when removed from one station to another.

VII. Officers on first arrival in India to join their corps from the Regimental depôts, or on first appointment.

VIII. Officers absent on leave, directed by competent authority to  
G. O. C. C. No. 114 rejoin on public grounds before the expiration of their  
of 17th Nov. 1866. leave, if required to proceed by a quicker mode than by  
ordinary marches, are entitled to a free passage by rail and dâk.

IX. Officers directed to proceed from their own to another station  
G. O. G. No. 415 for the purpose of passing an examination for pro-  
of 28th Nov. 1865. motion.

5. **Quarter Master General's Department to furnish orders.**—When a Commissioned or Warrant Medical Officer is ordered to travel on public duty, under any of the above conditions, he must apply to the divisional officer of the Quarter Master General's Department, or, if time does not admit of a reference to the head-quarters of the Division, to the Brigade or station Staff Officer on the spot, who will furnish him with either a Railway Pass or Passage Order by any vessel or conveyance by which free



or contract passages can be provided, on which Pass or Order is to be entered a copy of the General, Divisional, or Garrison order.

6. Staff Officers in furnishing orders to Commissioned and Warrant Medical Officers for Railway passages are directed to enter upon the return a copy of the order which provides a free passage. The duty on which

G. O. C. C. No. 97 of 16th August 1865. Officers are proceeding should be invariably specified in the order. When no Railway Pass or Passage Order can be provided, a certificate to that effect is to be given to the Officer.

7. ADJUSTMENT OF CHARGE.—The charge for conveyance supplied on a Government Pass or Passage Order will be adjusted as heretofore; the Officer's certificate that the passage was provided, and, in the case of vessels, that he was messaged on board from, and to, such a date, being the only other voucher required. Bills for other travelling expenses vouched by the same certificates, and by a certified copy of the order to proceed at the public expense, will be payable on demand to the person supplying the passage, by the nearest Paymaster; or, if the Officer has to pay for it himself, he can recover the amount in the usual way.

8. TRANSIT CHANGED EN-ROUTE.—When the mode of transit has to be changed during the journey, the Officer of, or representing, the Quarter Master General's Department supplying the Government passage for the first portion, will, if practicable, arrange for the whole journey. If this cannot be done, he will supply the Officer with a certificate of what portion has been provided, and a requisition on the Quarter Master General's Department, or any authorized Staff Officer, for further assistance when required.

9. **Local Authorities to determine mode of Travelling.**—I.—The authority who directs an Officer to travel on duty at the public expense, must determine the mode of travelling necessary (when any doubt exists), with due regard at once to the exigencies of the service, and the avoidance of unnecessary expense to the State. When no special orders, applicable to the case, have been laid down by higher authority, Officers Commanding Divisions and Brigades are expected to use their own discretion.

II.—When the whole or any part of the journey is performed by marching, no charge to the State is admissible on account of that portion.

III.—In ordinary cases, *in which travelling by palanquin or dooly may be imperative*, the journey will be accomplished by night runs with one set of bearers.

IV.—Individuals travelling on duty may be allowed a public dooly on loan, to be returned to the nearest Dépôt, at the public expense, and by the cheapest mode available.

V.—Eight bearers to be allowed for a dooly, and twelve for a palanquin, with a torch-bearer and cavady-cooly in each case.

VI.—The route to be taken from Kamptee must depend upon the station to which the Officer is directed to proceed, and, in some instances, on the season of the year.

10. **Advances for Travelling expenses.**—Except in cases where in the provisions of paragraphs 5, 7, and 8 can be brought into operation, advances of travelling charges may be made to Commissioned and Warrant Officers, ordered to proceed on long and expensive journeys, under the authority of the Officer under whose instructions the journey is undertaken (if, in his opinion, such assistance is necessary), to be adjusted on contingent bills, which shall accompany the first abstracts for pay, on completion of the journey.

11. **Hospital Assistants.**—Hospital Assistants, when required to travel expeditiously, will be conveyed at the public expense, under the rules applicable to European Soldiers,—application for their conveyance being in every case made to the Quarter Master General's Department.

12. **DAK CARRIAGE.**—When travelling by horse dāk, a Field Officer will be allowed a carriage for himself and servant; Officers of the rank of Captains, Subalterns, and Warrant Officers, will be allowed each one inside and one outside seat.

13. **JOURNEY TO RAILWAY STATIONS.**—Officers proceeding to or from Railway stations, or other starting points within a distance of five miles from their station, will pay their own expenses.

14. The starting points referred to are those in the vicinity of the station at which the Officer proceeding at the public expense may be located previous to commencing his journey; and he is entitled to charge any sums he may necessarily expend in carriage hire between other Railway stations, &c., and the places he may be required to visit on duty, at the usual rates, though the distance may be less than five miles.

15. No deduction on account of tentage or batta will be made from Officers consequent on their being provided with free passages.

16. **Cases in which travelling at the public expense is not admissible.**—*a.* Officers rejoining their Regiments or stations on relief from Staff employ, permanent or temporary, will have no claim to travel at the public expense.

*b.* Officers moved at their own request, or for their own convenience, or in consequence of Regimental or Departmental promotion, to join a Staff appointment, or when transferred to a more lucrative appointment, or when proceeding on, or returning from, furlough, or other leave of absence, are not entitled to passages at the public expense.

c. The rule, which precludes an Officer from receiving free passage or travelling expenses, when transferred to a more lucrative appointment, applies to all such cases, whether the appointment be temporary or permanent, and whether the increase of pay gained by the transfer be great or small.

d. Officers proceeding to take up Staff appointments, General or Regimental, acting or permanent, or rejoining their Regiments or stations on being relieved from the same, are not entitled to travelling allowances.

e. Officers removed from one station to another on account of promotion, either Regimental or Departmental, and detained at any station on temporary duty, are not in consequence of such detention entitled to travelling expenses.

17. **LEAST EXPENSIVE MODE OF TRAVEL TO BE ADOPTED.**—When the route to a place may be nearly as expeditious and convenient by land as by water, the least expensive journey should be chosen; a passage being provided when the Officer travels by water, as mileage allowance is ordinarily admissible only when the journey is performed by land.

18. Government General Order No. 773 of 1864 is intended to provide for all cases of travelling on duty, for which no particular rates of mileage are laid down.

19. **Baggage.**—Officers travelling at the public expense by horse dāk, or in river, or coasting or other steamers, can only take such quantity of baggage with them as is authorized by the rules of the Companies providing the carriage, and Government does not recognize any separate charge on account of the baggage of Officers proceeding by such means.

20. When travelling by palkee or dooly dāk, or by mail cart, Officers are allowed two common coolies, or one cavady-cooly, for the conveyance of their private baggage.

21. Young Officer's proceeding to join their Corps or department for the first time, are entitled to have their heavy baggage, to the extent of five maunds, or 400 pounds, each, conveyed to their destination at the public expense, in addition to the baggage allowed to passengers by the conveyance in which they proceed.

22. **Servants.**—Commissioned and Warrant Officers proceeding by horse dāk will be allowed to take one personal servant with them, with the regulated amount of baggage for one adult passenger, according to the mode of conveyance.

23. **MARCHING.**—It will be understood that, when rapid travelling is not

*Ibid.* necessary, the journey to the nearest point at which carriage by steamer, rail, or transit, may be available, is to be accomplished by ordinary marches.

### Railway Travelling.

24. **WIVES AND CHILDREN.**—When British Commissioned Officers, War-rant Officers, and Non-Commissioned Officers in Staff employ, travel by Rail at the Government expense, in course of relief, or on duty of a permanent nature, and are allowed to take their families with them, free passages will also be allowed for their wives and children, according to the rates of the Railway Company. This rule applies equally to British Officers holding relative or honorary rank. The wives and children of British and Native soldiers are conveyed at the public expense.

25. All Commissioned and first Class Warrant Officers will be allowed first class passages by rail.

26. **SERVANTS AND FOLLOWERS.**—Officers and others travelling by Rail at the public expense will be entitled to transport at Government expense for their servants and followers, agreeably to the following scale :—

	Servants and followers.
Brigadier General ... ..	14
Colonels, Lieutenant-Colonels and Majors on the General Staff, or in Command of Regiments ... ..	12
Colonels, Lieutenant-Colonels, and Majors not on the General Staff or not in Command, and Captains Commanding Regiments ... ..	8
Captains, Adjutants, and Quarter Masters ... ..	5
Subalterns ... ..	4
Medical and other Officers, according to corresponding rank, including Warrant Officers having Honorary Commissioned rank ... ..	
Warrant Officers ... ..	1
Hospital Assistants ... ..	1

27. The numbers given in the above scale are exclusive of Horse-keepers and Grass-cutters, for whom public conveyance by Rail is also allowed to the extent of the number of horses, for which the several ranks draw horse allowance, provided that the said number of horses also proceed by Rail.

28. FAMILIES OF FOLLOWERS.—Whenever conveyance by Rail is provided

G. O. C. C. No. 7, at the public expense for Officers or others, in course of relief, or on duty of a permanent nature, the wives and children of all authorized public and private followers will also be entitled to free conveyance by Rail.

29. CONVEYANCE OF CHARGERS.—Mounted Officers on duty will be entitled to conveyance at the public expense for the number of chargers authorized to them, with their equipments and attendants.

30. BAGGAGE.—The quantity of baggage for the several ranks to be conveyed at Government expense, exclusive of side arms for Officers, muskets or other arms and accoutrements in the case of Troops, is fixed as follows :—

	lbs. or Mds.
Brigadiers ... ..	640 „ 8
Colonels ... ..	560 „ 7
Lieutenant-Colonels ... ..	480 „ 6
Majors... ..	
Captains ... ..	400 „ 5
Subalterns ... ..	320 „ 4
Officers' Wives, each ... ..	320 „ 4
Officers' children above twelve years, each ... ..	160 „ 2
Officers' children under twelve years, each ... ..	80 „ 1
Medical and other Officers according to corresponding rank, including Warrant Officers having Honorary Commissioned rank ... ..	
Warrant Officers and Hospital Assistants ... ..	160 „ 2
Wives of Warrant Officers, Hospital Assistants ... ..	120 „ 1½
Children of do. do. each... ..	20 „ ¼
Private servants ... ..	40 „ ½
Wives of do. ... ..	40 „ ½
Children of do. ... ..	20 „ ¼
Wives of European Officers and their children over ten years, each ... ..	82 „ 1
Children of European Officers over three and under ten years, each ... ..	41 „ ½
European and Native Commissioned, Warrant and Staff, and Regimental Non-Commissioned Officers, European and Native Rank and File, and Public and Private Followers, and wives of Warrant and European Staff, and Regimental Non-Commissioned Rank and File, and their children over three years of age ... ..	44½ „ 0
Wives of Native Commissioned and Non-Commissioned Rank and File, and Public and Private Followers, and their children above three years, each. ... ..	15 „ 0

NOTE.—The quantities of baggage here specified are exclusive of two tons for every 100 men, as prescribed in para. 21 of G. O., dated 18th February 1857.

Exclusive of the regulated amount of camp equipage of Officers on duty, which must be weighed, separated, and charged to Government under special sanction of Quarter Master General, or Station Staff Officers' countersignature.

**31. OFFICERS ON DUTY, TRAVELLING ON MILEAGE OR AT THEIR OWN EXPENSE, ALLOWED TO PROCEED FIRST CLASS AT SECOND CLASS FARES.**—Officers travelling on

G. O. C. C. No. 70, duty at their own expense, or on mileage allowance, shall 6th June 1867.

have the privilege of conveyance as first class passengers at second class rates. Station Masters have received instructions to grant this privilege to the Officers in question, on the production of a copy of a memorandum in the annexed form, which should be obtained from Staff Officers who are at present authorized to issue Railway Passes. If an Officer during his journey, has to travel by different Railways, he should take care to provide himself with a sufficient number of copies of the order.

#### FORM.

To the Traffic Manager, Madras Railway.

The undermentioned Officer is proceeding on duty from \_\_\_\_\_ to \_\_\_\_\_ at his own expense, and is entitled under G. O. C. C., dated \_\_\_\_\_ to travel 1st class at 2nd class fare.

By order,

(Signed) A. B. \_\_\_\_\_

**32. REFUND OF RAILWAY FARES.**—Officers and others applying for

G. O. C. C. No. 48, the refund of Railway fares, on submitting bills of 18th April 1867.

for travelling expenses, will invariably explain under what circumstances it became necessary for them to defray such charges themselves, instead of obtaining Railway Passes or Passage Orders from the usual authorities. When the party has proceeded from a Military station, his application should be supported by a certificate from the Officer of the Quarter Master General's department at such station, shewing why public conveyance was not provided.

**33. Mileage to Deputy Inspectors General.**—Deputy Inspectors Ge-

G. O. G. No. 364 of neral of Hospitals, when on tours of inspection, are allowed 10th October 1865.

mileage. The rates are (3) three Annas a mile when the journey is or can be performed by Railway, and (8) eight Annas a mile when ordinarily travelling by land by other modes of conveyance. When the duty involves a journey by sea or river steamer, a passage may be granted at the public expense, instead of the travelling allowance, the Officer paying the usual rate of table money.

#### Passages by Sea.

**34. PASSAGES IN INDIA.**—A free passage will be provided for all Officers who may be required to proceed by sea on any duty from port to port in India,

or to or from any stations beyond sea, and also for Officers who may require to proceed by sea on Medical Certificate from any stations beyond sea at which they may be quartered and employed, and back to their stations on return from such leave. These officers will be subject to deductions by the Pay Department on account of table money at the prescribed rates.

35. **PASSAGES WITHOUT TABLE MONEY.**—To Officers who may proceed to stations beyond sea in consequence of transfer at their own request to other Regiments or appointments, or owing to removal under any circumstances to other appointments in which they will receive enhanced allowances, passages may also be granted : but in those cases the full charge for table money, viz., eight Rupees per diem, or four Rupees per diem where the Officer has to provide his own wines, &c., will be recovered by the Pay Department.

36. An Officer serving at any station beyond sea, who may be compelled to leave it on Medical Certificate, is entitled to a free passage to any place eastward of the Cape of Good Hope (to which he may be recommended to proceed for the recovery of his health) and back to his corps or station beyond sea at the expiration of his leave, provided the cost of such passage does not exceed that of a passage to his own Presidency and back.

37. An Officer returning from furlough on Medical Certificate, and having no Regiment or Department to join, and whose services may be required at a station to which he is obliged to proceed *by sea*, may be granted a passage, the full charge of table money being recovered by the Pay Department.

38. **Table money.**—The full charge of table money, viz., Rupees eight per diem, or four Rupees per diem when the Officer has to provide his own wines, &c., will be deducted from Officers having passages, when transferred to other Regiments and appointments, at their own request, or removed to appointments of enhanced allowances.

39. **SERVANTS.**—A stoppage of four annas per diem for victualling each Officer's servant provided with a passage in coasting steamers at Government expense, is allowed ; in other transports only two and a half annas are deducted. When servants are not victualled on board, a certificate to that effect should be obtained from the Commander of the vessel, to be attached to the first abstract.

40. When practicable, passages will always be provided in steamers.

41. **Families.**—When accommodation may be available, and is not required for the public service, Officers having passages on vessels belonging to, or hired by Government, may take their families with them, defraying all the

charges for their messing only ; in other vessels arrangements must be made for accommodation also.

**42. Warrant Officers' Families.**—No charge is admissible under G. O. C. C. No. 58 regulation for the wives and families of Warrant Officers of 30th June 1866. returning from the Straits or Burmah, unaccompanied by their husbands.

**43. ACCOMMODATION.**—There are three gradations of accommodation for Officers and others furnished with public passages, as follows :—

I. *Cabin passage*, which entitles the recipient to a berth in a cabin aft, and mess at the saloon table. This is for all Commissioned Officers, for Officers holding the Honorary rank of Commissioned Officers, and for Uncovenanted subordinates of departments, who receive salaries of Rupees 250 per mensem and upwards.

II. *Intermediate passage*, or a berth in a cabin forward and mess at a secondary table. For Uncovenanted subordinates of departments, drawing Rupees 100 and less than Rupees 250 per mensem.

III. *Warrant Officers' passage*, a screened berth, with a sleeping place in it, and plain mess. For Warrant Officers and Uncovenanted subordinates, drawing from Rupees 35 to Rupees 100 per mensem. If messing is not provided by the ship, a Warrant Officer draws a regulated table allowance, Rupees three a day, from Government.

Uncovenanted subordinates, drawing less than Rupees 35 per mensem, are provided with a between deck passage only.

**44. Passageto Europe.**—ASSISTANT SURGEONS.—Passage money is passed G. O. G. G. No. 938 to Assistant Surgeons of the Indian Medical Department of 1866. below the relative rank of Captain, proceeding to Europe on Medical Certificate, on a copy of the authority permitting them to go, and a certificate by the Commander, Agent, or Owner of the vessel, that the Officer has engaged a passage.

**45. ASSISTANT SURGEON ON APPOINTMENT NOT LIABLE TO MESSING RATES.**—Dis. of S. S. No. 375 Messing rates should not be deducted from Medical of 1866. Officers of the Indian Army, who are granted passage Cir. 1051 of 1867. money on first appointment.

**46. British Medical Service.**—An Officer of the British Medical G. O. G. No. 209 of Service if entitled to passage under the Royal Warrant of 2nd June 1865. 1865, is entitled also to a passage for a servant or servants as laid down in the Warrant, subject to the prescribed payments on account of their messing. If, on the other hand, passage money be granted, it is to be allowed at the rates laid down in the Warrant. But under no circum-



stances can anything be allowed for a servant's passage when an Officer draws Indian rates of passage money.

47. The rates of deduction for messing on boardship, as prescribed in the Royal Passage Warrant published in Government General Order No. 471\* of 1865, apply to passages to England by any vessel, and to passages by the transports to intermediate ports; but do not affect Officers proceeding from port to port in India, who are required to contribute according to the Indian scale.

\* Madras G. O. G.  
2nd June 1865, No.  
309.  
G. O. G. No. 379  
of 10th Sept. 1867.

48. **Medical Officers in transports liable to duty.**—All Officers of the Royal Army proceeding to join their Corps in India, on board Her Majesty's Indian Transports when conveying troops, are liable for any duty that may be required of them with those troops, and should therefore be considered on duty from the date of embarkation.

49. **Passage for Chargers.**—The following is the scale of chargers for Army and Departmental Staff Officers, for which they are entitled to transport by rail, or on boardship, when proceeding on permanent duty at the Government expense; as also of the number they may be allowed to take when proceeding on service in the field, unless the particular nature of such service renders a special reduction of the complement necessary.

50. Horse allowance for the number of chargers assigned is to be considered as included in the consolidated or staff salary of the appointment, the division of which, in case of absence, is not however to be thereby affected.

51. Officers, whatever their rank, when proceeding on ordinary tours of inspection, will only be allowed transport for one charger.

	Ordinary Complement.	Allowed on Field Service.
Inspector General of Hospitals ...	2	4
Deputy Inspector General of Hospitals ...	2	3
Staff Surgeon Major in charge of a Circle ...	2	0
Field and Staff Surgeon Major or Surgeon ...	1	2
Senior Apothecary ...	0	1
All other Departmental Commissioned Staff Officers, each...	1	0

52. **Medical Officer of Native Infantry Corps.**—Free conveyance for the horse of a Medical Officer in charge of a Native Regiment is sanctioned, whenever the horses, which the combatant Officers of the Corps are required to keep up, are so conveyed, but it is

G. O. C. C. No. 119,  
of 26th Nov. 1866.

to be distinctly understood that no claim for horse allowance can be grounded on this indulgence.

53. **Medical Officers in Civil Employ.**—**PASSAGE BY SEA.**—Medical G. O. G. No. 326, of 22nd August 1866. Officers will be allowed a free passage when proceeding on duty by sea, in cases in which they would receive travelling allowance if proceeding on duty by land. Medical Officers in Civil employ will, in addition, be allowed a free passage when, being employed at a station beyond sea, they may be obliged to return to their Presidency in progress to Europe, or to a Hill station, on leave on Medical Certificate, also when they rejoin their station on return from that leave.

54. For every Medical Officer in Civil employ, and Uncovenanted Officer of higher rank than Clerk, who may thus be entitled to a free passage, the entire charge for a 1st Class passage will be paid by Government, who will recover from such Officer either the full or a half rate of table money for the number of days occupied in the passage, according as his salary may, or may not, exceed Rupees 600 a month.

55. **TABLE MONEY.**—The full rate of table money shall be reckoned at eight Rupees a day on vessels in which the cost of a free passage includes, but at four Rupees a day where it is exclusive of, charge for Wine, Beer, Spirits, and Sodawater.

56. **Warrant Officers.**—For public servants messes at the Warrant Officers' or Engineers' table, *viz.*, for Warrant Officers of every grade, who are entitled to a free passage, and for the families of these classes, 2nd class accommodation, including generally a screened berth, will be provided; and the entire cost of the 2nd class passage, without any deduction from the passengers on account of table money, will be borne by Government.

57. **BAGGAGE.**—As regards luggage, there is sufficient provision in the practice of allowing every passenger on a vessel to carry a certain quantity of luggage, the freight on which is included in the charge for his passage; and for the exceptional cases of those Officers who carry their tents with them, it is unnecessary to do more than declare that the charge for the carriage of tents in excess of the abovementioned charge for passage, shall be passed as a special case.

58. **Servants.**—Three servants shall be allowed to Officers whose salaries amount to, or exceed, and two servants to those whose salaries are less than, Rupees 1,000 per mensem.

59. "These instructions are to be observed in the cases of all gazetted Officers who are provided with free passage when they travel on Civil duty by sea, with the exception of those, such as the Officers of the Survey, for whom a scale of luggage and servants already exists.

## SECTION VII.

### PAY OF MEDICAL OFFICERS.

#### British Medical Service.

1. **ADMINISTRATIVE OFFICERS.**—The rates of pay of Administrative Medical Officers of the British Medical Service are the same as those laid down for the Indian Medical Department. The Staff Surgeon-Major appointed to the Administrative duties in British Burmah receives a consolidated salary of Rupees 1,400 per mensem.

G. O. G. G. No. 507 of 1864. 2. **EXECUTIVE MEDICAL OFFICERS.**—Executive Medical Officers, Staff and Regimental, of the British Service draw pay according to the following scale :—

Rank.	Year's Service.	Relative rank.	Monthly pay.	
			RS.	A. P.
Surgeon-Major	25	Lieutenant-Colonel	1,093	2 0
Ditto ...	20	Ditto ...	1,056	9 7
Surgeon ...	15	Major ...	825	11 5
Ditto ...	10	Ditto ...	789	3 0
Assistant Surgeon	10	Captain ...	451	14 5
Ditto ...	6	Ditto ...	433	10 2
Ditto ...	5	Lieutenant ...	335	12 2
Ditto ...	under	Ditto ...	317	8 0

3. Surgeons of Her Majesty's Service, not being Surgeons Major, in Medical charge of Regiments or Brigades on the 20th June 1864, are not affected by this rule, but will receive their pay and allowances while attached to such Regiments, under the rules in force prior to the introduction of the above scale of pay.

**4. Special Allowances to Assistant Surgeons.**—Assistant Surgeons of the British Medical Service will receive, while in actual charge of British Regiments or Brigades of Artillery, or permanent Depôts, a special allowance of Rupees 150 per mensem in addition to their pay. This allowance cannot be drawn except in the case of an Assistant Surgeon succeeding to the temporary charge on the death, removal, or absence on Medical Certificate or on private affairs to Europe, of the Surgeon. It is not intended that any extra charge should be incurred as a consequence of the Regimental Surgeon being absent on privilege or private leave for his own convenience.

**5. HILL SANTARIA.**—For appointments to the Medical charge of Hill Depôts, the special allowance to an Assistant Surgeon is Rupees 150 per mensem; and where a second Assistant Surgeon may be attached to a Depôt, he is to receive only the pay of his rank.

**6. Horse Allowance.**—Officers of the British Medical Department, attached to Brigades of Horse Artillery, and Regiments of British Cavalry, will draw, in addition to the rates of pay above laid down, horse allowance at the following rates:—

Rank.	Years' service.	Relative rank.	Allowance.
Surgeon Major ...	25	Lieut.-Colonel	} Rupees 90 per mensem.
Ditto	20	Ditto	
Surgeon ...	15	Major	
Ditto	10	Ditto	
Assistant Surgeon... ..	10	Captain	} Rupees 60 per mensem.
Ditto	6	Ditto	
Ditto	5	Lieutenant	
Ditto	under 5	Ditto	

**7.** No deduction shall be made from a Medical Officer on account of horse allowance, when absent on privilege or general leave, if no other Officer is appointed to his place, and his charger be kept up.

**8.** No double charge of horse allowance is admissible.

**9.** Medical Officers of mounted Regiments, when on leave, whether on private affairs or on Medical Certificate, if in receipt of Indian allowances, shall continue to receive the horse allowance of their rank, provided they keep up their chargers, and no extra charge is incurred by the appointment of Officers to perform their duties, during their absence.

10. **FIELD ARTILLERY.**—A Medical Officer attached to, or doing duty with Field Artillery, is entitled to Rupees 30 per mensem horse allowance.

11. **Donations and Subscriptions to Bands and Messes.**—The following is the scale of Donations and Subscriptions to Regimental Bands, and of Donations to the Regimental Messes, payable by Surgeons-Major, Surgeons, and Assistant Surgeons :—

*Donations and Subscriptions payable to Regimental Bands.*

Rank and period of Service.	Amount of Donation.	Difference on promotion to each rank.	Amount of subscription for a month of			
			28 Days.	29 Days.	30 Days.	31 Days.
Surgeon-Major after 25 years' service.	RS. A. P. 304 6 0	RS. A. P. 36 8 5	RS. A. P. 10 13 11	RS. A. P. 10 7 11	RS. A. P. 10 2 4	RS. A. P. 9 13 1
Do. after 20 do.	267 13 7	48 11 2	9 9 1	9 3 9	8 14 10	8 10 3
Surgeon after 15 years' service	219 2 5	36 8 5	7 13 3	7 8 11	7 4 11	7 1 1
Do. after 12 do.	182 10 0	24 5 7	6 8 4	6 4 9	6 1 5	5 14 3
Assistant Surgeon after 10 years' service.	158 4 5	18 4 3	5 10 5	5 7 4	5 4 5	5 1 8
Do. after 5 do.	140 0 2	18 4 2	5 0 0	4 13 3	4 10 8	4 8 3
Do. under 5 do.	121 12 0	... ..	4 5 7	4 3 2	4 0 11	3 14 10

*Donations payable to Regimental Messes.*

Rank and period of service.				Amount of Donation.	Difference on promotion to each rank.
Surgeon-Major	after 25 years' service	...		RS. A. P. 304 6 0	RS. A. P. 36 8 5
Do.	after 20 do.	...		267 13 7	48 11 2
Surgeon	after 15 do.	...		219 2 5	36 8 5
Do.	after 12 do.	...		182 10 0	24 5 7
Assist. Surgeon	after 10 do.	...		158 4 5	18 4 3
Do.	after 5 do.	...		140 0 2	18 4 2
Do.	under 5 do.	...		121 12 0	... ..

12. **INDIAN ALLOWANCES WHEN TO CEASE.**—Medical Officers of the British Service proceeding on leave to Europe, and who are provided with a passage in Her Majesty's Indian Transports, cease to draw Indian pay and allowances from date of embarkation. Medical Officers of Corps, Brigades or Batteries of Artillery which were in India before the publication of the Royal Passage Warrant of 2nd January 1865, are entitled to receive Indian pay and allowances for the first six months of their leave, when on Medical Certificate.

**STAFF SURGEONS EXEMPTED.**—Staff Surgeons and Assistant Surgeons G. O. G. No. 77 of 1862. are not entitled to Indian allowances after the date of their departure.

13. **MILITARY PRISONS.**—Where there is a Medical Officer in receipt of G. O. C. O. I. 22nd November 1864. the allowance granted for the Medical charge of the Divisional or Brigade Staff, that Officer shall be required also to attend the Garrison Military Prison without any additional remuneration. Where no such allowance is granted, Rupees thirty a month will be allowed to the Officer selected for the duty.

14. **Extra charges.**—A Medical Officer of the British Medical Service G. O. No. 34, 5th Jan. 1866, M. D. who has passed the required examination in Hindustani, and who may be temporarily placed in charge of a Native Regiment or details of Native Troops, in addition to his own duties, is entitled to draw the extra allowance sanctioned for such charges.

15. **PUBLIC QUARTERS.**—Medical Officers occupying public quarters will P. W. D. Code, Chapter IX. be charged for them, when the full accommodation is provided, according to their relative rank.

### **Indian Medical Department.**

16. **CONSOLIDATED SALARIES.**—All employment on the part of Medical G. O. G. G. No. 1,060 of 1864. Officers of the Indian Service, involving the receipt of special Staff salary, shall be considered as Staff employment, the salaries being in all cases consolidated; and all appointments whether Civil or Military, below the rank of Deputy Inspector General, are alike tenable by Surgeons Major, Surgeons, and Assistant Surgeons. (The latter clause of this paragraph applies only to members of the Indian Medical Department who entered the service before 7th November 1864.)

17. **TABLE OF SALARIES.**—The following table shows the consolidated salaries, payable to Administrative, Military, and Civil Medical Officers of the Indian Medical Department.

**Administrative Staff (British and Indian).**

Appointments.	MONTHLY SALARIES.			
	Surgeon-Major.	Surgeon.	Assistant Surgeon above 5 years.	Assistant Surgeon under 5 years.
Inspector General ... ..	Rupees 2,500			
Deputy Inspector General ... ..	" 1,800			
Staff Surgeon-Major B. M. S. in Burmah.	" 1,400			
Secretary and Statistical Officer to the Inspector General ... ..	1,400	1,200	1,000	850

**Executive Staff.****MILITARY APPOINTMENTS.**

Appointments.	MONTHLY SALARIES.			
	Surgeon-Major.	Surgeon.	Assistant Surgeon above 5 years.	Assistant Surgeon under 5 years.
Principal Medical Store-keeper and Professor of Materia Medica in the Medical College, Madras ... ..	1,250	1,050	850	700
Garrison Surgeons ... ..	1,050	850	650	500
Garrison Assistant Surgeons, when in substantive charge ... ..	...	...	650	500
Garrison Assistant Surgeons, when under a Surgeon ... ..	...	...	600	450
Staff Surgeon and Medical Store-keeper.	1,200	1,000	800	650
Medical charge of a Native Regiment ...	1,000	800	600	450
With horse allowance in Cavalry Regiments of Rupees 90 for a Surgeon-Major or Surgeon, and Rupees 60 for an Assistant Surgeon.				
Charge of a Stud Depôt } When a sub- or Remount Agency. } stantive charge.	} As Regimental charge.			
Examiner of Medical Accounts ...				

A Staff salary of Rs. 400 per mensem, with unemployed pay of rank.

## CIVIL APPOINTMENTS.

Appointments.	SALARIES.			
	Surgeon-Major.	Surgeon.	Assistant Surgeon above 5 years.	Assistant Surgeon under 5 years.
Principal of Medical College, Professor of Medicine, and Physician to General Hospital ...	1,600	...	...	...
Full Professorships in the Medical College with conjoint Presidency duties, viz. :—	1,250	1,050	850	700
Surgeon of the General Hospital, and Professor of Surgery in the Medical College.				
Fort Surgeon with Port and Marine duties, and Prof. of Anatomy in the Medical College ...				
Ophthalmic Surgeon, Prof. of Ophthalmic Surgery, and Physiology ...				
Superintendent of Lying-in-Hospital, and Professor of Midwifery ...				
Chemical Examiner and Professor of Chemistry ...	Rupees 200 Staff Salary.	...	Rs. 800	
Minor Professorships, namely, Botany, Hygiene, Dental Surgery, Medical Jurisprudence, and Comparative Anatomy.				
Provided the aggregate salary of the Officer holding the post as an extra charge, does not exceed that of a full Professorship with attached duties ...				
Assistant Surgeon, General Hospital, in charge of out-patients, and Professor of Pathology, Medical College...	...	...	Rs. 800	
District Surgeons with attached duties, viz. :—	1,050	850	650	500
1st District.—Surgeon to Native Infirmary, Leper Hospital, Idiot Asylum, and Black Town Dispensary ...				
2nd District.—Surgeon to Female Orphan Asylum, Gun-Powder and Gun-Carriage Factories, and Vepery Hospital ...				
3rd District.—Surgeon to Male Orphan Asylum and Penitentiary ...				
4th District.—Surgeon to Triplicane Dispensary ...				



Appointments.	SALARIES.			
	Surgeon-Major.	Surgeon.	Assistant Surgeon above 5 years.	Assistant Surgeon under 5 years.
Surgeon of the Lunatic Asylum, Madras..	As 1st Class Civil Station.			
Surgeon to the Governor with Medical charge of the Body Guard ...	Rs. 1,000			
Superintendent General of Vaccination...	1,250	1,050	850	700
Superintendents of Vaccination ...	950	750	550	400
Medical charge of 1st Class Civil Stations	1,050	850	650	500
Do. 2nd Class Civil Stations	950	750	550	400
Residency Surgeons ...	As first or Second Class Civil Surgeons.			

### Allowances for Additional Charges.

In cases where no portion of the Staff salary of the absentee is available.

Medical charge of an extra Native Regiment ...	Rs. 100
" " of an extra Wing of a Native Regiment, or of a Detachment consisting numerically of not less than a Wing ...	" 75
" " of a Civil Station by a Regimental Medical Officer, or of a Regiment by a Civil Surgeon, in addition to his own duty ...	" 100
" " of a Central Jail where the Civil Surgeon is not Superintendent ...	" 100
" " Governor's Body Guard (when the Surgeon to the Governor is absent on duty) ...	" 50

### Allowances for Extra Charges.

Payable wholly to the Officer in actual performance of the duty.

Charge of a Medical Store Dépôt ...	Rs. 100
Medical charge of a Stud Dépôt ...	" 50
Medical charge of Divi- sional Staff. } At Stations where there is no "Gar- rison Surgeon" or "Garrison	" 100
" " of Brigade } Assistant Surgeon" or "Staff Sur- or Station Staff } geon and Medical Store-keeper"...	" 30*

\* This allowance is admissible only at Brigade stations, or at stations once the head-quarters of a Brigade, at which the allowance has been authorizedly continued on its ceasing to be the head-quarters of a Brigade; or at those in regard to which the special sanction of Government to its being allowed has been, or may hereafter be, accorded.

Medical charge of a Lock Hospital ... { 1st Class ... .. Rs. 100  
 { 2nd Class ... .. " 50

18. **Unemployed Pay.**—Medical Officers of the Indian Medical Department, when unemployed in India, draw the pay of their rank as follows:—

					If in the service before 7th November 1864. (Full batta.)			If joined the service subsequent to 7th November 1864.		
					RS.	A.	P.	RS.	A.	P.
Surgeon-Major	25	years' service	...	...	1,093	2	0	888	12	0
Do.	20	"	"	...	1,056	9	7	852	3	7
Surgeon	15	"	"	...	825	11	5	677	6	11
Do.	10	"	"	...	789	3	0	640	14	6
Assistant Surgeon	10	"	"	...	451	14	5	410	9	5
Do.	6	"	"	...	433	10	2	392	5	2
Do.	5	"	"	...	335	12	2	304	14	2
Do.	under 5	"	"	...	...	...	...	286	10	0

19. Medical Officers who entered the service prior to 7th November 1864, have the option of drawing the full batta pay of their rank in lieu of the consolidated salaries fixed for the appointments they hold, and Medical Officers who entered the service subsequent to that date, have the option of choosing between the consolidated Civil salaries laid down in para. 17 and the unemployed, or half batta pay of rank, as given in the second column of the foregoing table.

20. **Presidency House-rent.**—Medical Officers holding appointments at the Presidency, and not provided with public quarters, will be granted Presidency house-rent, according to relative rank, and on the scale granted to Officers of the Staff Corps holding appointments at the Presidency towns, viz:—

Surgeon-Major	...	...	...	Rs. 125 per mensem.
Surgeon...	...	...	...	" 100 " "
Assistant Surgeon, 6 years' service	...	...	...	" 75 " "
Assistant Surgeon, under 6 years' service	...	...	...	" 40 " "

21. The grant of Presidency house-rent is limited, however, to salaries not exceeding Rupees 1,400 per mensem.

22. Deputy Inspectors General of Hospitals of the British and Indian Medical Departments, attached to the Presidency Circle, and who reside at the Presidency, are entitled to house-rent of their rank.

23. **TEMPORARY ABSENCE.**—House-rent is allowable during temporary absence on duty, provided the period of absence does not exceed two months, exclusive of the months of departure

and return. Officers claiming house-rent under this rule must certify that their previous rate of expenditure for a house at the Presidency continued during their temporary absence.

**24. Pay on Leave.**—Officers of the Indian Medical Department, holding Staff appointments, will be on the same footing as Military Staff Officers as regards pay and allowances to be drawn while absent on leave, under the various furlough regulations; the pay of their rank, as below, being in all cases taken as the basis of the calculation of the moiety due to the absentees and to the Officer officiating :—

Rank.				Years' Service.	Unemployed Pay.		
					RS.	A.	P.
Surgeon-Major	...	...	...	25	888	12	1
Do.	...	...	...	20	852	3	7
Surgeon	...	...	...	15	677	6	11
Do.	...	...	...	12	640	14	6
Assistant Surgeon	...	...	...	10	410	9	5
Do.	...	...	...	6	392	5	2
Do.	...	...	...	5	304	14	2
Do.	...	...	...	under 5	286	10	0

25. Medical Officers not in Staff or Civil employ will receive, while on furlough, half the Indian pay of their rank under the regulations of 1868, provided that in no case will an Officer, entitled to furlough, receive less than £ 250 per annum.

**26. REGIMENTAL DUTY NOT STAFF EMPLOY.**—The Medical charge of a Native Regiment is not considered to be a Staff appointment, and cannot be retained by a Medical Officer while absent from India on furlough. A Medi-

G. O. G. G. No. 97 cal Officer in charge of a Regiment, appointed to officiate of 1869. Med. Dept. in a Staff appointment during the absence on furlough of the permanent incumbent, will not be required to vacate his Regimental charge.

27. Civil Surgeons who take furlough under the rules of 1868, cannot claim to return to the station they served in before proceeding on leave, but they may claim on return to duty to be appointed to a station of the same class, or of equal emoluments as the one vacated.

**28. English Furlough Pay.**—The following is the scale of English furlough pay for Officers of the Indian Medical Department.

Rank.	After 30 years' service on full pay.	After 25 years' service on full pay.	After 20 years' service on full pay.	After 15 years' service on full pay.	After 12 years' service on full pay.	After 10 years' service on full pay.	After 5 years' service on full pay.	Under 5 years' service on full pay.
	£. s. d.	£. s. d.	£. s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
Inspector General ... ..	2 5 0	2 5 0	2 0 0					
Deputy Inspector General...	1 14 0	1 10 0	1 8 0					
Surgeon-Major ... ..	...	1 5 0	1 2 0					
Surgeon ... ..	...	...	...	18 0	15 0			
Assistant Surgeon ... ..	...	...	...	...	...	13 0	11 6	10 0

29. **LODGING MONEY.**—Medical Officers of the Indian Medical Department serving in the Straits Settlements, are granted lodging money, or Colonial allowance, according to their relative Army rank.

30. **Medical appointments, Military or Civil.**—The appointment of a Medical Officer is regarded as a Military or a Civil charge, according as he may be nominated to it by the Military or Civil Department, his emoluments being audited and adjusted in the former case, in the Military Department, under Military rules; and in the latter, in the Civil Department, under Civil rules.

31. **Administrative Officers unemployed.**—Inspectors General and Deputy Inspectors General on vacating office at the expiration of their five years' tour of duty, will be permitted to draw, respectively, an unemployed salary of Rupees 1,200 per mensem in the former, and Rupees 900 in the latter case, for a period of six months, from the date of their vacating office, after which they will be placed, while unemployed, on the rate of pay laid down in paragraph 28. These sums, deducted from the consolidated salary, will regulate the moiety of Staff salary to be drawn by Officers of those grades during absence on Sick Certificate.

32. **ALLOWANCES WHILE IN TRANSIT.**—Medical Officers in Civil employ, on consolidated salaries, shall, during periods of transit from one Civil appointment to another, which are to be limited by the Civil rules for joining time, draw the salary of the lower paid appointment of the two, such salary, as well as the allowances admissible to these Officers during absence on leave, shall be disbursed in, and charged to, the Civil Department.

**Warrant Officers.**

33. **PAY CONSOLIDATED.**—The pay of the members of the Apothecary class is a consolidated sum, to cover all expenses, except those especially noted below.

34. **FREE QUARTERS.**—When on Regimental or corresponding duty.

G. O. No. 298 of Station Hospitals, Depôts, Sanitaria and Medical Store 1869, M. D.

Depôts, Indian Marine, and Telegraph Departments, all subordinates will be supplied with free quarters, or, when marching, with camp equipage.

35. **HOUSE-RENT.**—The sums noted below are fixed as compensation

G. O. G. No. 366 of to be allowed to Medical Subordinates, when not supplied 1868.

G. O. No. 298 of with free quarters, or camp equipage. The compen- 1869, M. D. sation is chargeable against the public works grant.

	Per mensem.
Honorary Assistant Surgeons and Senior Apothecaries ...	RS. 50
Apothecaries ... ..	30
Assistant Apothecaries ... ..	20
Passed Apprentices ... ..	12
Apprentices ... ..	7½

36. **HOSPITAL APPRENTICE'S RATION MONEY.**—Hospital Apprentices until

G. O. No. 2,044 of promoted to the Warrant grade are entitled to full Hos- 1869, M. D. pital diet in the Hospital or Medical College to which they

may be attached, and if not so dieted receive money compensation at the rate of Rupees ten per mensem.

37. **FURNITURE, BEDDING, AND UNIFORMS.**—Hospital Apprentices occu-

pying public quarters will be provided with barrack furniture as allowed for Medical Subordinates. They are also entitled to the same allowance of bedding and compensation as European Soldiers, and to three suits of uniform clothing annually,—one for cold weather, and two for summer wear, free of cost.

38. **Consolidated Pay.**—The consolidated monthly rates of pay will be—

	RS.
Senior Apothecary ... ..	400
Apothecary { Above 5 years' service in that grade ...	200
{ Under 5 do. do. ...	150
Assistant Apothecary { Above 5 years' service ...	100
{ Under 5 do. do. ...	75
Passed Hospital Apprentice ... ..	50
Hospital Apprentice, 1st year ... ..	16
Do. do. 2nd year ... ..	20
Do. do. when in College, 1st year ...	20
Do. do. 2nd year ... ..	25
Do. do. 3rd year ... ..	30

39. **FORFEITURE ON LEAVE.**—One-fourth of the above salaries to be forfeited during absence, whether on general leave, or Medical Certificate.

40. **Field Allowance.**—In addition to the ordinary rates of pay, a field allowance of Rupees 30 per mensem will be granted to all the Medical Warrant grades, when marching, or in the field.

41. A similar amount will be granted, as a staff or employed allowance, to those grades when senior with, or in subordinate Medical charge of, the Hospital of a British Regiment, or detachment of British Troops, or of a Battery of Artillery, or a Depôt, or Sanitarium, or when attached to a General Hospital or Medical Store Depôt. The allowance will also be given to the senior mem-

G. O. G. G. No. 931 bers of the Warrant grades when attached to, or in of 1868.

charge of, a Garrison Hospital, Dispensary, Arsenal, or any large Military Survey, and other Establishment, to which a separate Dispensary for medicines is authorized.

42. **PAY ABSTRACTS.**—The pay of Medical Warrant Officers attached to Cir. No. 927 of 11th European Corps will be disbursed by Circle Paymasters March 1867.

on the separate abstracts of the Warrant Officers, and recoveries on account of the Apothecaries' Fund made as hitherto, under G. O. G., No. 50, dated 22nd February 1831, and paragraph 70, page 461, Pay Code. It will be distinctly understood that Medical Warrant Officers are not to draw their dues from *Local Treasuries*, except on Circle Paymasters' cheques.

43. **Independent charge of Civil stations.**—Honorary Assistant Surgeons and other members of the "Apothecary" class, when employed in the independent Medical charge of Civil stations, will receive pay according to the scale laid down in Financial Department's Notification, No. 2,295, dated 25th April 1867, viz. :—

Under 5 years' service in independent

civil charge...	...	...	...	Rupees 350 per mensem.
From 5 to 10 years	...	...	...	„ 450 do.
From 10 to 15 years	...	...	...	„ 550 do.
Above 15 years	...	...	...	„ 700 do.

Length of service to count from the date of entry on the pay of such appointment.

44. **Acting Civil Appointments.**—A Warrant Medical Officer officiating in the absence of a Civil Surgeon, in the Medical charge of a 1st class, or 2nd class, Civil station, shall receive an extra allowance of one hundred Rupees a month, besides the pay and allowances of his rank.

45. No Honorary Assistant Surgeon, or member of the Apothecary class, will be permanently appointed to the charge of a Civil station, who has not gone through the regulated course of study in a Medical College.

46. **Medical charge of Native Regiment.**—In the event of an Honorary Assistant Surgeon, or member of the Apothecary class, being placed in temporary independent Medical charge of a Native Regiment, or a detachment of European or Native Troops, constituting the ordinary charge of a covenanted Medical Officer, he will, if he holds a diploma, be entitled to a salary of Rupees 450 per mensem, or, if he has no diploma, to an addition of Rupees 50 per mensem to his departmental pay, together with any additional staff or marching allowance to which he may be entitled.

47. Should an Honorary Assistant Surgeon, or other member of the Apothecary class, holding a diploma, be allowed to retain independent Medical charge of a Native Corps for upwards of five years, his salary will be increased to Rupees 600.

48. The time served in the permanent Medical charge of a Regiment by G. O. No. 1,180 of an Apothecary or Assistant Apothecary, who is afterwards appointed to the permanent Medical charge of a Civil station to which the pay of Uncovenanted Medical Officer (para. 43) is attached, will be allowed to count as service towards the periodical increments of that pay.

### Hospital Assistants.

49. The monthly pay of this class is consolidated, and on the following scale :—

	For those qualified in the English language.	For those not qualified in the English language.
	RS.	RS.
1st Class Hospital Assistants of above 14 years' service ...	60	40
2nd Class do. do. of above 7 years' service ...	40	30
3rd Class do. do. under 7 years' service ...	35	20
Native Medical pupil, 1st year ...	7	5
Native Medical pupil, 2nd year ...	8	6
Native Medical pupil, in College or Medical School, 1st year ...	9	7
Native Medical pupil in College or Medical School, 2nd year ...	10	8
Passed Medical pupils ...	16	12

The foregoing allowance to Medical pupils includes ration money.

50. **FIELD BATTA.**—Hospital Assistants will draw as field batta—those of the 1st class Rupees 10, and the rest Rupees 5 per mensem, when marching, in the field, or on foreign service.

51. **ALLOWANCES ON LEAVE.**—When on general or sick leave they will forfeit one-fourth of their salaries.

52. Accommodation will be furnished for Medical pupils in Hospitals

and also in College, if required. One suit of uniform clothing will likewise be supplied to them annually.

**53. Qualification in English entitling to increased rate of Pay.**

G. O. G. G. No. 945 —The qualification in the English language entitling to of 1868. the higher rate of pay is as follows :—

(a.) The ability to read fluently and intelligently ordinary English Prose : for instance a page of any standard History of England or India.

(b.) A fair knowledge of Orthography, and the ability to write from dictation with a reasonable amount of correctness.

(c.) A competent knowledge of Arithmetic as far as the Rule of Three.

(d.) The ability to read and write English prescriptions intelligently.

54. The qualifications of unpassed pupils must be judged of by the Medical Officers under whom they are placed, and should be such as to afford the prospect of their being qualified as above on passing their professional examination.

55. TO KEEP UP KNOWLEDGE OF ENGLISH.—The increased rates of pay after seven and fourteen years' service can only be drawn on a certificate that the Hospital Assistant has not only maintained his previous knowledge, but that he has made fair progress in his acquaintance with the English language.

56. **Special foreign Service.**—Medical Subordinates serving in the Andamans are allowed 50 per cent. in addition to the

Resoln. of Govt. of India, Fin. Dept., No. 405, of 1869 in G. O. No. 806 of 1869 M. D.

ordinary pay and allowances of their permanent grade, besides rations on payment, and the option of being relieved after three years of duty, should the exigencies

of the service admit of it.

57. **LODGING MONEY, STRAITS SETTLEMENTS.**—Lodging money of Rupees

G. O. No. 1,293 of 1869, M. D. 50 per mensem, is allowed to Assistant Apothecaries of the Madras Establishment serving in the Straits.

58. **Native Medical Pupils.**—The rule by which the department employing a Medical Subordinate is liable for his pay, is to be

G. O. G. G. No. 203 of 1869, Med. Dept followed in regard to the pay of Native Medical Pupils.

They will draw pay in the Hospital or department in which they are employed.

G. O. No 1871 of 1869, M. D. 59. **Barrack furniture.**—Medical Subordinates occupying public quarters are entitled to Barrack furniture as below :—

Boxes, kit, with padlock	{	1 per unmarried Subordinate.
and key.		2 per married do.
Chairs, Barrack ...	{	2 per Medical do.
Cots, Barrack pattern.		1 per unmarried do.
	{	2 per married do.
Tables, small 5 × 2' 10"		1 per Medical Subordinate.



## SECTION VIII.

### LEAVE.

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#### British Medical Service.

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1. APPLICATIONS FOR GENERAL LEAVE.—The application for leave of absence for a Medical Officer can be proper only when, the Regiment being healthy, the attendance of *one* of the Medical Officers can for a time be dispensed with, or when the indulgence of leave of absence to any particular Medical Officer is an object of most material importance to his private concerns, or to the state of his health. Madras Military Form 465 is to be adopted for all applications for leave of Officers in British Regiments. Applications, before being forwarded to the Adjutant General, must receive the recommendation and signature of the Deputy Inspector General of the Circle, and of the Inspector General, as well as of the Military authorities of the Division, District, or Brigade.

2. CERTIFICATES.—The following certificates are required to be attached to applications for leave :—

*To accompany applications for leave on private affairs out of India.*

(1.) I do hereby declare, that I will rejoin, at my own expense, my regiment, within the period for which leave of absence may be granted me; and I further declare, that if, during the period of my leave of absence, I should retire from the service, exchange to another Regiment, or to the half pay, I will hold myself responsible for the payment of the expense of the passage of the Officer who shall be ordered out to re-place me in the service Companies of my regiment.

(2.) I do declare, that I will, if possible, rejoin my regiment, at or before the expiration of the leave that may be now granted me; and that I will not apply for an extension of it, except under circumstances of extreme urgency. In the event of any unforeseen circumstances rendering it necessary for me to

apply for an extension of my leave, I am aware that the application must be forwarded to the Commander-in-Chief in India, and not to His Royal Highness the General Commanding-in-Chief, except under most peculiar and pressing emergency.

*To accompany all applications for leave, out of India.*

I certify that I have been made acquainted with the rule that I am to report my arrival at, and departure from, the port of embarkation to the local Military authorities.

*To accompany all applications for leave in India.*

I am aware, that it is my duty to report my arrival and departure at all Military stations, including hill stations, at which I may be temporarily resident during my leave of absence.

**No demand Certificate.**—All Officers of the British Medical Service, applying for leave to England with the intention of retiring or exchanging, must furnish, with their application for leave, a certificate of “No demand” from the Military Accountant, for which application is to be made, in the first instance, to the Paymaster of the Regiment, who will transmit it through the Divisional Paymaster.

3. **DEPUTY INSPECTORS GENERAL, PRIVILEGE LEAVE.**—Deputy Inspectors General, previous to availing themselves of privilege leave, must obtain the sanction of their Inspector General.

4. **PRIVATE AFFAIRS.**—Leave on private affairs to Medical Officers is restricted to one year.

5. **MEDICAL CERTIFICATE TO EUROPE.**—The route by which a Medical Officer of the British Service is to proceed to Europe, is to be decided on professional grounds, by the Medical Board before which he appears, and their recommendation on this point is to be recorded on their proceedings.

6. **MEDICAL OFFICERS IN STAFF APPOINTMENTS.**—All Officers of the British Medical Service holding Staff appointments in India, and retaining their appointments while on leave in Europe, must obtain such leave from the Government in Government Orders, and must, like Officers of the Indian Department, appear before the standing Medical Board at the Presidency.

7. **LEAVE ON MEDICAL CERTIFICATE RESTRICTED TO SIX MONTHS.**—Leave on account of ill-health is to be restricted to six months as a maximum period. If extensions are granted, such extensions are not to exceed three months.

8. **PRIVILEGE LEAVE.**—All applications for privilege leave are to be disposed of by General Officers Commanding Divisions and Districts. Medical Officers in Military employ are eligible for sixty days’ privilege leave in the year, provided that satisfactory arrangements are made for the conduct of their duties, during their absence.

### Indian Medical Department.

9. **APPLICATIONS TO BE FORWARDED THROUGH DEPUTY INSPECTORS GENERAL.**—Applications from Medical Officers being sanctioned by their Regimental, Station, and Division Commandants, are to be addressed by the Medical Officers to the Deputy Inspector General of the Circle, by whom if approved, the necessary communication will be made to the Head of the Medical Department.

**CIVIL SURGEON.**—Medical Officers in Civil employ must obtain the sanction of the chief Civil Authority of the district, or of the Inspector General of Jails, as the case may be.

10. **MARCHING.**—No application for leave of absence is to be forwarded from a Regiment under orders to march, unless supported by a Medical Certificate, or except in cases of very pressing emergency.

11. **FORM OF APPLICATION.**—Applications for leave for Officers of the Indian Medical Department, are to be in Madras Military Form 466. When the leave is solicited on account of ill-health, the distribution statement is to be dispensed with, and a Medical Certificate is to accompany the application.

12. All applications for leave of absence are to specify to what particular place the Officer may wish to proceed, and *from* and *to* what date the leave is required. Such undefined phrases as “from date of departure” except in conjunction with a date, as “from 3rd March 1869, or date of departure,” are prohibited.

The furlough regulations selected by the applicant are to be stated in the application.

13. Medical Officers of the Madras Medical Department, serving under the authority of one of the other Presidencies, are to apply for leave *in India*, to the authorities under which they are serving. For furlough to *Europe* they must apply through those authorities, to the Inspector General, Indian Medical Department, Madras. In case of emergency they will apply to the Government of the Presidency under which they are serving, forwarding also a duplicate of the application to the Head of their Department.

14. **Private affairs.**—Applications for furlough to Europe on private affairs are to be submitted in time to allow of a reply to the application being received before the date from which the leave is solicited. Medical Officers are not to be permitted to leave their stations, until they have been officially informed that their furlough has been sanctioned. The applications, with statements of leave, are to be accompanied by a “no demand” certificate, or guarantee.

15. An Officer proceeding to England on urgent private affairs, and who is not entitled to furlough, is also to transmit with his application a succinct detail, on honor, of the circumstances which induce him to apply.

16. **RECKONING OF LEAVE.**—Leave to Europe is reckoned from the date of departure from the port where an Officer may be permitted in General Orders to embark. Return to duty commences from date of arrival at whatever port in India an Officer may disembark at, in good faith, and with the object of returning to duty.

17. **PREPARATORY LEAVE.**—General leave, not exceeding thirty days in ordinary cases, is allowed preparatory to embarkation, when an Officer proceeds to Europe on Medical Certificate.

18. **LEAVE ON RETURN FROM FURLOUGH, JOINING, &c.**—Officers returning from furlough to Europe, or leave beyond sea, are allowed thirty days' leave at the port of disembarkation before proceeding to join.

**JOINING TIME.**—Medical Officers transferred to another corps at their own request, or on promotion, or joining a new appointment, are allowed fifteen days for preparation, on being struck off duty. On special grounds this period may be extended to thirty days.

Every Officer, at the expiration of the period allowed for preparation, is required to join his corps, station, or appointment, by the most expeditious available mode of travelling, and without unnecessary delay on the road.

19. **EXTENSION OF LEAVE.**—All applications for extension of leave are to be made in sufficient time to allow of a reply being received, before it would be necessary to proceed to rejoin from the original leave. If the application is preferred on account of ill-health, it should be supported by a Medical Certificate. If the applicant is in Europe or America, the application is to be made to the Secretary of State for India, but if elsewhere, to the Head of the Medical Department.

20. **CANCELLING OF LEAVE.**—No special application is necessary for the cancelling of an unexpired portion of leave. The order of the Commandant or Head of the Department is sufficient authority for cancelling the remaining period of leave on private affairs.

21. Medical Officers returning from Europe are to deliver their certificates of permission to return to duty to the Brigade Major, Fort St. George, who will forward them to the Inspector General.

22. **PREPARATORY TO RETIRING.**—Leave of absence preparatory to retiring from the service is always to be *general* leave.

23. **CALCULATING LEAVE.**—The day of departure is to be considered a day of leave, and the day of return to the station, one of duty.

24. **VISITING NATIVE STATES.**—Native States or Territories can only be visited by Officers on leave with the special sanction of Government.

25. **Furlough to Europe.**—Medical Officers (Indian Medical Department) in the service before 1st February 1854, have the option of abiding by

the Furlough Regulations of 1796. Those who entered the service after 1st February 1854, have the choice of abiding by the Regulations of 1854, or of adopting the Regulations of 1868. The Furlough Regulations of 1868 may be adopted by any Medical Officer who elects to avail himself of their special advantages.

26. **FURLOUGH SUBJECT TO EXIGENCIES OF THE SERVICE.**—All grants of furlough on private affairs are subject to the exigencies of the public service, of which exigencies the Government is to be exclusively the judge. The existing regulations permit of a proportion of twenty per cent. of the strength of the Medical establishment being absent from India at any one time, on furlough of every description.

27. **PERIOD OF FURLOUGH.**—1796 RULES.—Under the Furlough Rules of 1796, Medical Officers are eligible for three years' furlough to Europe after ten years' actual service in India, or Officers of less than ten years' service for one year without pay on "urgent private affairs," or for three years on Medical Certificate. Two years' leave also may be obtained at a time on Medical Certificate to places eastward of the Cape, or to the Cape of Good Hope, or St. Helena, with full Regimental allowances to those who are not in staff employ, and Indian pay and half staff salary to those who hold staff appointments, without forfeiture of service towards pension.

28. **REGULATIONS OF 1854.**—Under the Regulations of 1854, furlough may be obtained after ten years of service, including all leave in India, for a period of two years, and for a second period of two years, after twenty years' service in India. Leave on Medical Certificate, with retention of appointment, may be taken when necessary for a period of twenty months. An Officer must have returned to duty for three years before he is eligible for a second period of leave on Medical Certificate, with retention of appointment, or he must have been six years on duty after return from leave on Medical Certificate before he can obtain a furlough under these rules.

29. An Officer on furlough, under the Rules of 1854, draws only English furlough pay of his rank. On Medical Certificate he receives Indian pay and half staff salary for the first six months, and English furlough pay for the remainder of the time. All leave, other than privilege, beyond the regulated periods as below, counts against service for pension:—

1	year 8 months	in 17 and under 20 years' service.
2	" "	in 20 " 25 "
3	" "	in 25 " 30 "
4	" "	in 30 and upwards.

30. **REGULATIONS OF 1868.**—Under the Furlough Rules of 1868, a Medical Officer is eligible for two years' furlough on the completion of eight years' actual service in India, for a third

Rule IX.

year after a further period of six years' actual service, and for a fourth and fifth year after similar intervals of six years. An Officer need not take the whole amount of furlough due to him. He may apply for a portion of it as an instal-

ment, and the balance will remain at his credit in any future computation of the amount of furlough to which he may be entitled.

The maximum of furlough on private affairs to be taken at any one time, carrying pay and retention of appointment, is two years.

A period of three years' service after return from last furlough must be completed before furlough can again be taken, unless obtained under Medical Certificate. Absence on Medi-

cal Certificate for a longer period than two years at one time, or departure on such furlough within three years of the date of return from a previous furlough, (except furlough under Rule

XI,) involves forfeiture of appointment.

Furlough on urgent private affairs for six months, with British Regimental pay of rank, to be extended to a year, if necessary, may be granted when the Officer is not eligible for ordinary furlough.

The aggregate amount of furlough with pay and retention of appointment, whether on private affairs or Medical Certificate, that may be granted to an Officer during his service will

be limited to eight years. The following will not form part of the aggregate of eight years of furlough on private affairs, and Medical Certificate, with pay and retention of appointment :—

(a.) All leave taken as local leave (not being furlough) in India.

(b.) All leave necessitated by wounds received in action, or by sickness contracted on field service, which may have been, or may be, allowed to reckon as service for pension under the provision of G. O. G. G. No. 1,113 of 1857.

(c.) All leave duly granted to England, or extensions of furlough, or leave on Medical Certificate, granted to England, *if without pay*.

(d.) All sick leave to England that may have been taken under the Rules of 1796, on the old rates of furlough pay.

(e.) All sick leave granted to the Colonies eastward of the Cape of Good Hope under the Rules of 1796.

But the following will form part of the eight years referred to :—

(f.) Furlough with pay on private affairs, under whatever rules it may have been taken.

(g.) Leave to England on Medical Certificate, with pay, under the Furlough Rules of 1854.

**31. ALLOWANCES ON LEAVE.**—Under the Regulations of 1868, an Officer entitled to ordinary furlough will draw pay at the rate of 50 per cent. of the salary of his substantive office, or, if he holds no staff appointment, the half Indian pay of his rank, provided that the amount is not more than £ 1,200 or less than £ 250 per annum. An Officer in civil employ is allowed 50 per cent. of the average salary drawn by him for three years prior to his proceeding on furlough.

**Rule V.**

**32. ACTING ALLOWANCES.**—An Officer acting in India for an absentee will be restricted for the entire period of such acting to the half staff salary of the appointment in which he may be acting, in addition to the full pay of his rank, and the half staff salary of his own appointment if he possess one. The staff salary granted to an acting officer will, however, in no such case be less than Rupees 100 per mensem, including the half staff salary of his own appointment, if he has one.

**Rule XXII.**

**33. LEAVE ON MEDICAL CERTIFICATE.**—An Officer not entitled to furlough, whose health may necessitate his taking it within three years from the date of last return, may, under Medical Certificate, obtain such amount of leave as may be duly certified to be necessary for the restoration of his health, but will only receive English furlough pay, and must vacate any appointment he may be holding. An Officer below eight years of service may obtain furlough on Medical Certificate, retaining his appointment and receiving furlough pay as stated in para. 31.

**Rule XIV.**

**34. General leave in India.**—An Officer may take leave on private affairs or sick certificate in India under the Regulations of 1868, for six months. During his absence the Officer will be entitled to his full pay and a moiety of his staff salary. Leave taken under this rule will form no part of the eight years' aggregate furlough. If this leave be taken advantage of for a third year consecutively, the Officer will lose his staff appointment.

**Rule XXV.**

**35. ON MEDICAL CERTIFICATE.**—Leave on Medical Certificate for a period beyond six months, and extending to twelve months, may be taken in India. Such leave will constitute a part of the maximum of eight years, but will not be regarded as "furlough," nor will it affect the intervals entitling to furlough. During such leave the Officer will draw a moiety of his staff salary in addition to the pay of his rank.

**Rule XXVI.**

**36. SHORT LEAVE TO SEA.**—Short leave (with pay and moiety of salary), not exceeding three months, on private affairs, or sick certificate, may also be taken to sea, but absence from India for any longer period will be treated as furlough. Such leave is not included in the maximum of eight years.

**Rule XXVII.**

37. All general leave taken in India counts as part of the leave reckoning against service for pension.

38. CHOICE OF RULES.—Officers of the Medical Department are required to notify their intention of accepting the rules of 1868, or of adhering to old rules, on the first occasion of their applying for furlough or general leave, subsequent to 1st July 1868; such election must be considered final, and under no plea whatever will an officer be subsequently relieved from the choice thus made.

39. Officers who abide by the Rules of 1796 or 1854 will be allowed to proceed on furlough on the condition laid down in Rules VII., VIII., and XIII. of the 1868 regulations to the extent to which they may be entitled under the furlough regulations of 1854, and on the rates of pay contemplated in those regulations, but retaining their appointments.

40. WARRANT OFFICERS. FURLOUGH.—The furlough Rules of 1868 are applicable to Warrant Officers, holding the honorary rank of Assistant Surgeon in the Subordinate Medical Department.

41. Honorary Assistant Surgeons count their service qualifying for furlough from the date of attainment of commission. They are entitled to half their receipts, while on furlough without any reference to a minimum or maximum rate.

42. Apothecaries and Assistant Apothecaries are only entitled to a furlough to Europe on Medical Certificate. The furlough will be for two years, and one-half of aggregate Indian allowances will be drawn during that period.

43. ACTING IN HIGHER GRADE.—Warrant Officers appointed to act for those of a higher grade who may be on furlough shall receive half the aggregate allowances of the absentees, added to half the aggregate of their own allowances.

44. LEAVE IN INDIA.—Warrant Medical Officers on general or sick leave in India, forfeit one-fourth of the consolidated pay of their rank and class.

45. HOSPITAL ASSISTANTS.—Hospital Assistants may be granted leave on furlough or Medical Certificate, by Commanding Officers of Regiments, or Heads of Departments to which Hospital Assistants are attached, provided in the former case that the duties can be departmentally arranged or provided for. When leave is granted on account of ill-health, a statement of the case in form must be immediately sent by the Medical Officer under whom the subordinate may be serving, to the Deputy Inspector General of Hospitals of the circle. A report is to be made to the Deputy Inspector General of Hospitals whenever a Hospital Assistant is granted furlough. Hospital Assistants forfeit one-fourth of their pay, while on general leave, or Medical Certificate.



46. **Privilege Leave.**—Sixty days in each year may be granted to all Medical Officers in Military employ. An Officer is at liberty to go wherever he likes, provided he can ensure his return before the expiration of his leave. General leave, in extension of privilege leave, can only be granted on the ground of sickness, or some other serious emergency, which could not have been foreseen when the Officer proceeded on privilege leave.

Privilege leave cannot be taken in continuation of furlough, nor can furlough be obtained in continuation of privilege leave.

Deputy Inspectors General of Hospitals must obtain the sanction of the Inspector General before sending in applications for privilege leave.

47. **CIVIL SURGEONS.**—Medical Officers in Civil employ come under the Civil leave rules in regard to privilege leave. No more than thirty days in each year can be taken under those rules.

48. A Medical Officer in Civil employ retains full salary of his appointment on privilege leave, on the understanding that no additional expense is incurred by the State on account of his leave. Medical Officers in Civil employ are not entitled to extra allowances, such as those drawn for the charge of a Lunatic Asylum, &c., while on privilege leave. These allowances are drawn in full by the Officer who officiates.

49. **ALLOWANCES.**—The pay and allowances of Medical Officers in Civil employ when absent on leave on Medical Certificate or private affairs, or on privilege leave, as also the emoluments of any Covenanted Medical Officer who may act for them, are to be regulated by the unemployed pay of rank, which is in all cases to be taken as the basis of the calculation of the moiety due to the absentee and to the Officer officiating.

G. O. G. G., No. 370 of 1867.

50. **WARRANT OFFICERS.**—Warrant Officers of the Subordinate Medical Department are entitled to privilege leave under the Military or Uncovenanted Civil Service rules, according to the department in which they are serving.

(For any points which may have been omitted in this summary relating to leave of Medical Officers, the Army regulations, and Civil Manual, may be consulted.)

## SECTION IX.

### PENSION.

1. **British Medical Service.**—Medical Officers of the British Medical Service are entitled to half pay and pensions under the regulations of the Army Medical Department.

2. **Indian Medical Department.**—Officers of the Indian Medical Department will be allowed to retire on the following scale of pensions, on completion of the required periods of service :—

	£
After 30 years' service in India... ..	550 per annum.
Do. 27 do. do. do. ... ..	456 „
Do. 24 do. do. do. ... ..	365 „
Do. 21 do. do. do. ... ..	292 „
Do. 17 do. do. do. ... ..	220 „

3. Officers of the Indian Medical Department, who entered the service before 14th December 1864, have the option of taking pension according to the above rules, or according to the old regulations. Officers who have entered the service on or after that date, or may hereafter join the service, will be restricted to the above scale.

4. **Special pension. INSPECTOR GENERAL.**—An Inspector General of Hospitals, after five years' active employment in India in that grade, will be entitled to retire upon a pension of £350 per annum, in addition to that to which he may be entitled under the above scale.

5. **DEPUTY INSPECTOR GENERAL.**—A Deputy Inspector General will, after five years' active employment in India in that grade, be entitled to retire upon a pension of £250 per annum, in addition to the pension to which he may be entitled under the above scale.

6. In each of the above cases, six months' absence on Medical Certificate will be allowed to count towards actual service in those grades.

G. O. G. G., No.  
456 of 1865.

NOTE.—The six months' leave here indicated applies only to the tenure of the appointment of Inspector General and Deputy Inspector General, and not to the time of service for pension.

7. **ALL FULL PAY SERVICE TO COUNT FOR SPECIAL PENSION.**—All service on G. O. G. G., No. 657 the *full pay of the appointment* in the case of Inspectors and of 1867. Deputy Inspectors General of Hospitals, whether officiating or otherwise, shall reckon towards the five years' service in those grades qualifying for the additional pension. The tenure of appointment expires at the end of the five years' full pay service.

8. A Deputy Inspector General of Hospitals, who may fail to complete G. O. G. G., No. 657 of 1867. the required service for the additional pension of £250 a year, may, if he shall subsequently be appointed Inspector General, and shall not serve long enough in that grade to entitle him to the pension of £350 a year, reckon his service as Inspector General in addition to that as Deputy Inspector General, towards the period required for the additional pension of the latter grade.

9. A Deputy Inspector General cannot proceed on long leave out of G. O., No. 803 of 1868, M. D. India, under the Furlough rules of 1796, save by giving up his appointment.

10. **UNEMPLOYED.**—Inspectors and Deputy Inspectors General, Indian G. O. G. G., No. 1,137 of 1867. Medical Department, on vacating office at the expiration of a five years' tour of duty, are entitled to an unemployed salary of Rupees 1,200 per mensem in the former, and 900 in the latter case, for a period of six months.

These allowances may be drawn when going to Europe on Medical Certificate, at the expiration of the five years' tenure of office. After a period of six months British pay of rank only is admissible.

An Inspector or Deputy Inspector General, who has completed his tour G. O. G. G., No. 825 of 1869. of five years' service, and has reverted to British pay, may reside in England, qualifying at the same time for higher pension.

11. **Superannuated officers.**—A Medical Officer, who has completed G. O. G. G., No. 497 of 1861. the age of 55 years, without attaining the rank of Deputy Inspector General, and who is unable to obtain a certificate of efficiency, may retire on the rate of pension next above that to which his period of service may entitle him, provided that he be not already entitled to retire on the old rate of £700 a year.

A Deputy Inspector General above the age of 55, who from ill-health G. O. G. G., No. 1018 of 1866. is unable to complete his five years' tour of duty in that grade, may avail himself of the advantages of this rule.

(This regulation applies only to Officers who entered the service before the promulgation of the Royal Warrant of the 13th January 1860.)

12. **FORFEITURE OF CLAIM TO SPECIAL PENSION.**—With regard to Deputy G. O. G. G., No. 902 of 1863. Inspectors General, who may be compelled by ill-health to take leave to England beyond six months, during their five years' tenure of office, it has been decided that if an Officer is not re-appointed for a second tour of duty, his claim to the extra pension will be forfeited.

13. **Half-pay pension.**—Officers of the Indian Medical Department compelled to leave the service on account of ill-health, and entitled to half-pay pension, are granted the half-pay of their relative rank as follows:—

Rank.	Relative Rank.	Rates of Half Pay.			
		Per Day.		Per Annum.	
		s.	d.	£	s. d.
Surgeon-Major .. ...	Lieutenant-Colonel... ..	11	0	200	15 0
Surgeon ... ..	Major... ..	9	6	173	7 6
Assistant Surgeon ... ..	Captain ... ..	7	6	127	15 0
Ditto, under 6 years' service	Lieutenant ... ..	4	0	73	0 0
" 3 "	"	2	6	45	17 6

Half pay pension cannot be granted in India. An Officer must try the effect of a temperate climate before he can be considered a fit subject for the benefit of the half-pay pension rules.

14. **STEP OF HONORARY RANK.**—A Medical Officer, retiring after a service of 25 years and upwards, may, if recommended for the same by the head of his department, receive a step of honorary rank, but without any consequent increase of pay.

15. **LEAVE COUNTING AS SERVICE FOR PENSION.**—The scale for Medical Officers of privileged furlough and leave of absence, to be allowed to count for the retiring pension, will be as follows:—

1 year 8 months in 17 and under 20 years' service.  
 2 years 0 " in 20 " 25 "  
 3 " 0 " in 25 " 30 "  
 4 " 0 " in 30 and upwards.

16. **Wound pensions.**—Medical Officers shall be entitled to all the allowances granted to Her Majesty's Indian Military forces on account of wounds and injuries received in action, as combatant Officers holding the same relative ranks.

17. **Pensions of Widows and Children.**—The widows and children of Medical Officers entering the service after 7th November 1864, will be granted pensions not less than those to which they would be entitled under the provisions of the Royal Warrant of June 15th, 1855.

Des. to Gov. of  
India No. 340 of 1864,  
in G. O. G., No. 9 of  
1865.

18. **REPORT OF MARRIAGE.**—Every Medical Officer entering the service under the new regulations, shall, in order to facilitate the decision upon the claim of his family, after his decease, to the benefit of this regulation, notify his marriage within six months of its taking place, to the India Office according to the annexed form :—

(Date) \_\_\_\_\_

*Report of an Officer's Marriage, made for the Purpose of its being recorded at the India Office with a view to facilitate the Settlement of any Claim that may be made on behalf of the Officer's Family in the event of his Death.*

Officer's Name.....	
Officer's Age at the time of Marriage.....	
Regiment to which he belongs.....	
Maiden Names of the Lady, at full length.....	
The Lady's Age at the time of Marriage.....	
Date of Marriage.....	
Place where the ceremony was performed.....	
Names of the Officiating Clergyman and subscribing Witnesses.....	

Signature of the Officer \_\_\_\_\_

His Place of Residence, if he is not serving on Full Pay \_\_\_\_\_

19. **Lord Clive's Fund.**—Pensions are granted to the widows of officers of the Indian Medical Department who were in the service before 7th Novem-

ber 1864, according to the regulations of the fund, formerly known as "Lord Clives" fund, viz. :—

		Per diem.	Per annum.		
		s. d.	£.	s.	d.
Widows of Colonels and Officers of					
equivalent relative rank	...	6 3	114	1	3
Lieut.-Colonel and ditto	...	5 0	91	5	0
Major	Do.	3 9	68	8	9
Captain	Do.	2 6	45	12	6

20. PROPERTY QUALIFICATION.—The widows of Medical Officers must produce such evidence as shall seem reasonable that their husbands, under whom they derive their claim, did not die possessed of real and personal estate to the amounts as given below, and further that they had not property settled upon them by their husbands, which, together with the property left by the husband, would exclude them from the benefit of the fund :—

Medical Officers of the relative rank of Colonel	...	£.
	...	4,000
" Lieut.-Colonel	...	3,000
" Major	...	2,500
" Captain	...	2,000
Honorary Assistant Surgeon	...	1,000

21. Pensions granted to widows shall continue during their widowhood, and no longer.

22. Pensions of widows, when payable in India, are converted into Rupees at two shillings and a half-pence the rupee.

23. DECLARATION FOR ADMISSION.—The following form of declaration is to be adopted in applying for admission to Lord Clive's Fund.

I ——— do solemnly and sincerely declare that I am the widow of ——— late a ——— in Her Majesty's ——— service, and that I have not contracted marriage with any other person since the death of my aforesaid husband; and I further solemnly and sincerely declare that my said husband was not at the time of his death possessed of, or entitled to, either by himself, or by any person in trust for him, real and personal estate to the amount in value together of ——— including any settlement that may have been made at the time of marriage; and that my said husband did not to my knowledge at any period in any way dispose of his estate, or any part thereof, in order that I might be enabled to claim the regulated amount of pension from Lord Clive's Fund; and I also declare that I do not myself possess or enjoy any property, or any such interest in any property, as either alone or together with the real and personal estate of which my late husband died, seized or possessed, will amount to the aforesaid sum of ———; and I make

this solemn declaration, conscientiously believing the same to be true, and by virtue of the provisions of an Act made and passed in the Session of Parliament of the fifth and sixth years of the reign of His late Majesty King William the Fourth, entitled "an Act to repeal an Act of the present Session of Parliament, entitled an Act for the more effectual abolition of oaths and Affirmations taken and made in various departments of the State, and to substitute declarations in lieu thereof, and for the more entire suppression of voluntary and extra-judicial Oaths and Affidavits, and to make other provisions for the abolition of unnecessary Oaths."

Declared at ——— this ——— day of ——— 18.

Magistrate for the ——— of ———.

**24. Good service Pension.**—Officers of the Indian Medical Department

G. O. G. G. No. 255 of 1868. are considered eligible for good service pensions. In these cases, in accordance with the principle observed with respect to officers succeeding to the Colonel's allowance, a Medical Officer in receipt of his pension will give it up on retirement from the service on the pension of £700 a year, or on coming into the receipt of the special additional pensions of £350 and £250, allotted respectively for the grades of Inspector General and Deputy Inspector General of Hospitals, on retirement. The following are the regulations regarding good service pensions.

a.—Fifty good service pensions, of £100 per annum, will be distributed among the Officers of the several Staff corps, and of Her Majesty's Indian Army at the three Presidencies.

b.—Officers of all ranks will be considered eligible for the pensions on the recommendations of the Government of the Presidency to which they belong, supported by that of the Government of India; but, except under very special circumstances, the grant will be restricted to Officers above the rank of Lieutenant.

c.—The good service pension will be given up by an Officer on resignation of the service; but an Officer placed on half pay, or retiring upon full or half pay pension, will retain the good service pension in addition to such half pay or pension.

d.—Ordinarily the good service pension will be conferred upon Officers of the effective list; but Officers who may have been placed on half pay, or who may have retired from the service on full or half pay pension, will also be considered eligible for them.

e.—On the nomination of any Officer to a good service pension being sanctioned by the Secretary of State for India in Council, a notification to that effect will be published in the *Gazette of India*, specifying the Military services of the Officer.

25. **PENSION TO MEDICAL OFFICERS EMPLOYED IN PRIVATE HOSPITALS.**—When the services of a Medical Officer are lent to a charitable Dispensary, which is wholly maintained by private contributions, the period of such employment shall count as qualifying for pension, under the rules of the service to which the Officer belongs.

### Subordinate Medical Department.

26. **APOTHECARY CLASS.**—The furlough pay, retiring, invalid, and wound pensions of the several grades will be as follows :—

GRADES.	Annual Furlough Pay and Retiring Pension.	Monthly Invalid Pension.	Annual Wound Pension.*
	£.	RS.	£.
Honorary Assistant Surgeon ...	150	175	70
Senior Apothecary ...	100	150	50
1st Class do ...	80	100	35
2nd Class do ...	60	85	35
Assistant do ...	...	40	25

These retiring and invalid pensions are inclusive of any pension, which, as Warrant Officers, the recipients may be entitled to from Lord Clive's Fund.

27. **SERVICE REQUIRED FOR INVALID PENSION.**—If invalided in India members of the Apothecary class must have served fifteen years, exclusive of the period passed as Hospital Apprentice, to entitle them to the benefits of the invalid pension, unless they are invalided in consequence of wounds or injuries received, or disorders contracted on service, or in the execution of their duties when their individual cases will be specially considered.

**WHEN INVALIDED IN ENGLAND.**—If invalided in England they will receive invalid pensions in accordance with G. G. O. No. 549 of 5th June 1868, at the following rates, should they have served fifteen and less than thirty years :—

“Honorary Assistant Surgeon...£120 per annum.

“Senior Apothecary ...£ 80 „

“First Class do ...£ 64 „

“Second Class do ...£ 48 „

“Should their services be under fifteen years, they will receive the Eng-

\* Wounded Warrant Officers who may be permitted to continue on the effective establishment will be entitled to draw their wound pensions in addition to the pay and allowances of their rank.



lish Invalid Pension of the next lower grade, a Second Class Apothecary in such case being allowed £36.

28. **THREE YEARS' SERVICE IN THE GRADE.**—No Medical Warrant Officer, G. O. No. 4,213 of 1868, M. D. unless disabled on actual service, will be entitled to the benefits of the grade he may hold at the time of being invalided, unless he shall have served in that grade for three years complete; should he have served a shorter period, he will receive the pension only of the next inferior grade from which he was promoted; his united service in the two grades, amounting together to full three years.

29. **Widows' pensions.**—The following pensions are granted to the widows of the Apothecary Class of the Medical Subordinate Department :—  
(This regulation has effect from 1st January 1866.)

	Annual in Europe.	Monthly in India.
	£.	rs.
Widows of Honorary Assistant Surgeons ...	30	30
Do. Senior Apothecary ...	26	26
Do. Apothecaries ..	20	20
Do. Assistant Apothecaries ...	15	15

30. **Hospital Assistants.**—The scale of pensions for Hospital Assistants is,—

One-third of the average pay of preceding five years after fifteen years' service, and one-half after twenty-five years' service as Hospital Assistants, if invalided by a competent Medical Committee, counting from the date of their passing for the grade of Hospital Assistant.

After thirty years' service, one-half of the average pay of preceding five years, without the necessity of producing a medical certificate.

If invalided on account of wounds or injuries received on service, they will be allowed,—

One-third of the average pay of preceding five years, if under fifteen years' service; one-half, if above fifteen years' service as Hospital Assistants; and the full amount after twenty-five years' service.

31. **RETIREMENT TO PRACTISE AS NATIVE DOCTORS.**—Hospital Assistants in the service before 5th June 1868 shall be entitled to their discharge after twenty-five years' actual service, provided their regiments be not at the time on field service, or preparing for it; receiving a pension equal to one-half of the pay of their rank, with a view to their practising as native doctors; but unless a discharge be wished for on this ground, substantiated to the satisfaction

of the Inspector General, Indian Medical Department, they will be allowed pension only under the provisions of the preceding paragraph.

32. PASSED APPRENTICES AND PUPILS RECKON SERVICE FOR PENSION.—Medical Apprentices and Pupils, who have been pronounced by the Medical College to be fully qualified for employment as Assistant Apothecaries and Hospital Assistants respectively, are permitted to reckon as service for the retiring pension, all time subsequently passed by them in the performance of the duties of those employments.

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## SECTION X.

### SANITARY REGULATIONS.

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- I.—Military Cantonment Rules.**
- II.—Troops in Garrison.**
- III.—Marching of Troops.**
- IV.—Field Service.**
- V.—(a.) Cholera epidemics.**  
**(b.) Investigation of cholera.**
- VI.—Jails and Prisoners.**
- VII.—Fairs and festivals.**
- VIII.—Municipal Regulations.**
- IX.—Conservancy.**
- X.—Water supply.**
- XI.—Contagious diseases.**
- XII.—Lock Hospitals.**
- XIII.—Vaccine Department.**

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#### **I.—Military Cantonment Rules.**

##### **1. Power to frame sanitary regulations under Act I. of 1866.—**

The Government have the power under Act I. of 1866 to frame rules and regulations for Military Cantonments, not inconsistent with the provisions of the Act, for amongst other things;

- (a.) The definition and prohibition of public nuisances.

(b.) For the maintenance generally of Cantonments in a proper sanitary condition; for the prevention and cure of disease; for the management and regulation of \* \* \* conservancy and drainage;

Clause 19. for the regulation and inspection of public and private necessities, urinals, cess-pools, drains and places in which filth and rubbish are deposited; of slaughter-houses, public markets, burial and burning grounds, and of all offensive or dangerous trades and occupations.

(c.) For inspecting and controlling houses of ill fame, and for preventing the spread of venereal disease.

(d.) For the supervision and regulation of public wells, tanks, springs, or other sources from which water is, or may be, made available for public use. \* \*

(e.) For the registration of births, marriages and deaths, and for making and recording observations and facts important for the public health and interests.

\* \* \* \*

(f.) For the imposition of penalties on persons convicted of the breach of any sanctioned rule or regulation.

2. RULES TO BE SANCTIONED BY GOVERNOR GENERAL.—All rules and regulations made or altered under clause 17, of Act I. of 1866, require the confirmation of the Governor General of India in Council before they can become law. A copy of every rule so confirmed, in English, and in the Vernacular language chiefly in use, shall be hung up in some conspicuous part of the office of the Cantonment Magistrate, or in such other place as the Government, or the Commanding Officer may direct.

3. DISEASED WOMEN OUTSIDE OF CANTONMENTS.—When necessary for the protection of the public health, places outside the limits of Military Cantonments may be brought under the operation of the Cantonment Act, so far as regulations for the prevention of venereal diseases are concerned.

4. Rules for the Madras Presidency.—The following rules and regulations under clauses 4—11, of Section XIX., of Act I. of 1866, having been confirmed by the Governor General of India in Council, are held to be applicable to all Cantonments in the Madras Presidency.\*

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\*NOTE.—The rules have been declared applicable to Saint Thomas' Mount, Poonamallee, Wellington, Palaveram. In Bellary, Cannanore, and Trichinopoly their operation is suspended, temporarily. The stations of Kamptee, Secunderabad, Bangalore, Rangoon, Tonghoo, Thyetmyo, and Cuttack are brought under similar rules framed under Bengal Act XXII. of 1864. Other Military Cantonments come under regulations of Act X. of 1865. —(See "Municipal Regulations.")

5. **ALTERATION OF RULES.**—Additional rules and regulations may be made from time to time in accordance with the provisions of the Act. Whenever it may be necessary to amend or rescind a rule, or to make a new rule, a report is to be made to the Commander-in-Chief, who, if he think fit, will make such reference to Government as the matter may appear to require.

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(CHAPTER II. OF REGULATIONS FOR MILITARY CANTONMENTS.)

*The Cantonment Committee and Cantonment Fund.*

**I. Cantonment Committee.**—There will be appointed in every Military Cantonment in which the Commander-in-Chief shall so order, a Committee called the Cantonment Committee. The constitution of the Committee will ordinarily be as follows, but the Commander-in-Chief, with the concurrence of Government, will make any alterations therein which may for any reason seem desirable :—

The Officer Commanding the Cantonment... *President.*

The Sanitary Officer or Officers of the Cantonment

The Executive Engineer ...

The Magistrate of the District ...

... } *Members..*

The Cantonment Magistrate ... *Member and Secretary.*

**II.** The Commander-in-Chief will appoint any other persons, not more than three in number, to be members of the Committee.

**III. CANTONMENT MAGISTRATE TO BE SECRETARY.**—Unless it shall be otherwise specially ordered, the Cantonment Magistrate will be Secretary to the Cantonment Committee, and will keep all accounts and records.

**IV. NATURE OF DUTIES OF THE COMMITTEE, AND OF COMMANDING OFFICER.**—The Cantonment Committee will be mainly a consultative body, appointed to advise and assist the Officer Commanding the Cantonment in those portions of his duties which are connected with matters that affect the public health, safety, and convenience.

**V.** The Officer Commanding the Cantonment is responsible, so far as his authority extends, for insisting upon the due enforcement of the present rules and regulations.

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**VI. DISTRIBUTION OF DUTIES AMONG MEMBERS.**—The executive duties of the Committee shall be, as far as possible, distributed among the members, so that one member shall be specially responsible for certain duties. Any Member may inspect any place, other than the interior of private houses, within the limits of the Cantonment.

**VII. DEPUTY INSPECTOR GENERAL AND OTHERS TO BE MEMBERS OF ALL COMMITTEES.**—The Deputy Inspector General of Hospitals will be a Member of

every Cantonment Committee formed under these rules in his Division or District. The Sanitary Commissioner for Madras, the Inspector General of the Indian Medical Department, and the Inspector General of the British Medical Service, will also be *ex-officio* Members of all such Committees within the Madras Presidency.

VIII. DEPUTY INSPECTOR GENERAL OF HOSPITALS.—If the Principal Medical Officer of the Cantonment be the Deputy Inspector General of Hospitals, residing at the head quarters station of the Division or District, he will, unless a separate Sanitary Officer be appointed, or it be otherwise ordered, act as Sanitary Officer and Member of the Cantonment Committee. In the event of his leaving the head quarters station, the next senior Medical Officer will act as Sanitary Officer and member of the Committee, during the absence of the Deputy Inspector General.

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IX. OFFICER COMMANDING MAY EXERCISE THE POWERS OF THE CANTONMENT COMMITTEE.—In any Cantonment in which no Committee is appointed, the Commander-in-Chief, with the concurrence of the local Government, may authorize the Officer Commanding the Cantonment to perform all or any of the functions, and to exercise all or any of the authority given under these rules to the Cantonment Committee.

X. **Cantonment Fund.**—There will be formed in every Cantonment a Fund called the “Cantonment Fund.” \* \* \* \*

XI. PURPOSES FOR WHICH THE CANTONMENT FUND MAY BE EXPENDED.—The purposes for which the Cantonment Fund may be expended are the following :—

1st.—For the payment of Police, and of the Officers and establishments required for the maintenance of the Cantonment in a proper sanitary condition or for other local purposes; for ensuring the enforcement of all rules and regulations laid down by lawful authority regarding matters that affect the public health, safety, convenience, and decency, and for observing and recording facts of sanitary importance and interest.

2nd.—For the construction, promotion and maintenance of works of public utility and convenience, such as works of drainage, paving, public necessities and urinals, water-supply, planting trees, public slaughter-houses, markets, hospitals, and dispensaries, and public roads not being roads ordinarily made or maintained at the expense of the Government.

XII. NO EXPENDITURE TO BE INCURRED FOR OTHER PURPOSES.—Except for the purposes stated in the last preceding rule, no expenditure shall be incurred from the Cantonment Fund without the sanction of the Commander-in-Chief and of Government.

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**XXXVII. Returns to be furnished.**—The Cantonment Committee will furnish such periodical Returns and Reports as may, from time to time, be prescribed.

**XXXVIII. ALL MATTERS OF SANITARY IMPORTANCE TO BE LAID BEFORE THE COMMITTEE.**—It will be the duty of the Officer Commanding the Cantonment, of the principal Medical Officer, and of the other Members of the Committee, as well as of all other persons residing in the Cantonment, to bring to the immediate notice of the Cantonment Committee every matter of importance affecting the health of the troops or of the public, which may come to their notice.

**XXXIX. WEEKLY REPORTS.**—The Weekly Reports regarding matters which affect the public health, which the Commanding Officers of Regiments are required to submit to the Officer Commanding the Cantonment, will be regularly laid before the Committee.

**XL. WEEKLY REPORTS TO BE SUBMITTED BY OTHER OFFICERS.**—The following Officers will submit a weekly Report to the Officer Commanding the Cantonment, to the effect that the parts of the Cantonment over which they have control, and for which they are responsible, have been inspected, and are kept in a proper sanitary state, or, when necessary, they will state the defects the removal of which is required; these reports will be regularly laid before the Cantonment Committee :—

The Chaplains, regarding the state of the enclosures of the Church or Chapel and of the burial grounds.

The Executive Engineer and Barrack Master, regarding all public establishments and works under their charge.

The Commissariat Officer, regarding the Bakery, Slaughter-house, Cattle-yards, and other establishments under his charge.

The Cantonment Magistrate, regarding the general conservancy and sanitary administration of the Sudder Bazaar, and of all parts of the Cantonment for the maintenance of which in a proper sanitary condition he is responsible.

**XLI. MONTHLY REPORT TO BE FURNISHED BY COMMITTEE.**—The Cantonment Committee will report monthly on the sanitary state of the Cantonment generally, for the information of the Officer Commanding the Division or District.

### CHAPTER III.

*Offences affecting the Public Health, Safety, Convenience, and Decency, punishable under the Rules and Regulations of the Cantonment.*

**I. Penalty for breach of Rules and Regulations.**—Any person, who, within the limits of the Cantonment, shall commit a breach of any of the

rules and regulations contained in this Chapter, shall be liable, under Clause XI., Section XIX. of Act I. of 1866, to a fine not exceeding fifty Rupees, or to imprisonment not exceeding eight days, with or without labour.

II. DEPOSITING DIRT IN PUBLIC ROADS, &c.—No person shall throw or put, or permit his servants to throw or put any dirt, refuse, rubbish, or filth of any description, in any road, street, or public place, or on any waste or unoccupied public ground, or into any sewer or drain, except in such places and in such manner and at such times as shall be fixed under the orders of the Cantonment Committee.

III. ALLOWING SEWAGE TO FLOW ON PUBLIC ROAD, &c.—No person shall cause or allow the water of any sink, sewer, privy, urinal, cess-pool or drain, or any other offensive liquid matter belonging to him, or being upon his premises, to run, drain, or to be thrown or put upon any road, street, or public place, or into any surface drain in any road, street, or public place.

IV. REMOVAL OF NIGHT SOIL ALONG PUBLIC ROADS.—Except within such hours and by such route as may, from time to time, be fixed by public notice by order of the Cantonment Committee, no person shall remove any night soil or any other noxious or offensive matter along any road or thoroughfare within the limits of the Cantonment, and whether such hours have been fixed or not, no person shall use for any such purpose any cart, carriage, or other receptacle or vessel not having a covering proper for preventing the escape of the contents thereof, or of the stench therefrom. If, in the course of removing night soil or other noxious or offensive matter, any such matter shall fall upon any road or thoroughfare, the person or persons who are engaged in effecting such removal shall well and carefully sweep and cleanse the place on which such matter shall have fallen, and shall effectually remove such sweepings therefrom. No person shall suffer to stand or remain, or shall place or set down in any public place or thoroughfare any cart, carriage, receptacle, or vessel for the removal of night soil or any other noxious or offensive matter, for any longer time than shall be necessary.

V. CONSTRUCTION OF PRIVATE LATRINES.—The owner of any] house, building, or premises within the limits of the Cantonment, to which, in the opinion of the Cantonment Committee, this rule may properly be applied, shall cause to be constructed, within a reasonable time after a due notice has been given to him by order of the Cantonment Committee, for the use of the persons residing upon the ground appertaining thereto, a latrine or latrines according to such plans as may be prescribed or approved by the Cantonment Committee.

VI. REMOVAL OF DIRT FROM PREMISES, AND PROVISION OF RECEPTACLES.—Every owner or occupier of any house, building, or premises, within the limits

of the Cantonment, shall cause to be removed therefrom, with such precautions, and at such times, as shall from time to time be ordered, all dirt, filth, refuse, rubbish, or noxious or offensive matter, and shall provide receptacles for the temporary deposit of such dirt, filth, refuse, rubbish, or matter, in such manner and in such places as may be prescribed or approved by the Cantonment Committee.

VII. KEEPING DIRT ON PREMISES.—No owner or occupier of any house, building, or premises, within the limits of the Cantonment, shall allow to be kept for more than twenty-four hours, or otherwise than in some proper receptacle, any dirt, filth, refuse, rubbish, or noxious or offensive matter, in or upon the roof of any such house or building, or in any out-house, yard, or ground attached to, and occupied with, such house, building, or premises, or shall suffer such receptacle to be in a filthy or noxious state, or shall neglect to employ proper means to remove the filth therefrom, and to cleanse and purify the same.

VIII. FILTHY PREMISES, &c.—No owner or occupier of any house, building, premises, or land, within the limits of the Cantonment, whether tenantable or otherwise, or of any private drain, privy, or cess-pool, shall suffer the same or any part thereof to be in a filthy or unwholesome state, or overgrown with rank and objectionable vegetation, or shall suffer any offensive smell to proceed from the same, and every such owner or occupier shall cleanse, white-wash, or purify the same as the case may require; when called upon to do so by order of the Cantonment Committee.

IX. PRIVIES TO BE SHUT OUT FROM PUBLIC VIEW.—The owner or occupier of any house, building, or land, having a privy on his premises, shall have such privy shut out by a sufficient roof, wall or fence, from the view of persons passing by, or residing in, the neighbourhood, and except with the permission of the Cantonment Committee, when no nuisance will be caused thereby, no owner or occupier shall keep any privy with a door or trap-door opening on to any street.

X. HOUSES UNFIT FOR HUMAN HABITATION.—If, in consequence of the want of proper means of drainage or ventilation or privy accommodation, or other sufficient reason, any house, building, or premises shall be declared by the Cantonment Committee unfit for human habitation, and the Committee shall prohibit its use for such purpose, no owner or occupier of such house, building, or premises shall use or suffer the same to be used for such purposes until, in the opinion of the Cantonment Committee, the causes rendering it unfit for human habitation have been removed.

XI. SPREADING INFECTION OF ANY DISEASE.—No person shall do, within the limits of the Cantonment, any act which he knows or has reason to



believe to be likely to spread the infection of any disease. This rule shall not apply to persons performing or causing to be performed the operation of vaccination.

**XII. CULTIVATION OF PROHIBITED CROPS.**—No person shall cultivate within the limits of the Cantonment any crop which is prohibited by the Cantonment Committee, or by the Officer Commanding the Cantonment, on sanitary or other grounds.

**XIII. TRIMMING HEDGES AND TREES, AND DESTROYING TREES.**—Every owner or occupier of any ground, within the limits of the Cantonment, shall trim or prune the hedges and trees thereon in such manner as the Cantonment Committee may from time to time prescribe; and no person shall cut down or destroy any trees of mature growth, whether on private premises or otherwise, without the sanction of the Cantonment Committee.

**XIV. KEEPING SWINE.**—No person shall keep any swine within the limits of the Cantonment, except with the permission, signified in writing, of the Cantonment Committee, and under such restrictions as the Committee shall think fit to impose.

**XV. KEEPING ANIMALS SO AS TO BE A NUISANCE.**—No person shall keep any animals so as to be a nuisance or injurious to health, or in any place in which, in the opinion of the Cantonment Committee, such animals cannot be kept without danger to the public health or convenience.

**XVI. KEEPING UNLICENSED PUBLIC LATRINES.**—No person shall keep any latrine or urinal for public use within the limits of the Cantonment, unless he shall have received permission in writing from the Cantonment Committee, nor unless he shall observe all rules laid down regarding the construction and management of public latrines and urinals.

**XVII. PERFORMING OFFICES OF NATURE IN PLACES OTHER THAN THOSE APPOINTED.**—When, in the opinion of the Cantonment Committee, a sufficient number of latrines and urinals has been provided for the use of the inhabitants of the Cantonment, and due notice of the intention to enforce this rule has been given by order of the Committee, no person shall perform the offices of nature in any other places within the limits of the Cantonment than such as may be appointed, whether on public or private ground.

**XVIII. COMMITTING NUISANCE ON PUBLIC GROUND.**—No person shall commit a nuisance by easing himself in or by the side of, or near to, any public road, or thoroughfare, or place, or by indecently exposing his person.

**XIX. BATHING IN PROHIBITED PLACES.**—No person shall bathe in any public place, within the limits of the Cantonment, the use of which for such purpose has been prohibited by the Cantonment Committee, or at times at which bathing in such place has been prohibited by the said Committee.

**XX. BATHING IN PLACE SET APART FOR OTHER SEX.**—No person of one sex shall bathe in any public bathing place, within the limits of the Cantonment, if such place has been set aside by the Cantonment Committee for the use of persons of the other sex.

**XXI. DISEASED PERSONS NOT TO BATHE IN PUBLIC BATHING PLACES.**—No person suffering from any contagious disease shall bathe in any public bathing place within the limits of the Cantonment.

**XXII. DEFILING THE WATER USED FOR PUBLIC PURPOSES.**—No person shall construct or keep any latrine, urinal, or place for the deposit of filth or refuse, in the vicinity of any river, spring, tank, reservoir, well, or other source from which water is derived for public use, within the limits of the Cantonment, or shall do any act which shall corrupt or foul such water so as to render it less fit for the purpose for which it is ordinarily used.

**XXIII. WASHING ANIMALS, CLOTHING, &c., IN PROHIBITED PLACES.**—No person shall wash or cleanse, or cause to be washed or cleansed in any public road or thoroughfare, or in, or upon, or by the side of, any river, spring, tank, reservoir, well, or other source from which water is derived for public use, within the limits of the Cantonment, any animal, of any wool, cloth, or wearing apparel or any utensil for cooking or other purposes, or leather, or skins of any animals, or other foul or offensive thing, in any places the use of which for such purposes shall be prohibited by the Cantonment Committee.

**XXIV. KILLING ANIMALS EXCEPT AT PUBLIC SLAUGHTER-HOUSE.**—No person shall kill, within the limits of the Cantonment, any animal for public sale, except at the public slaughter-house, or at such other place as may be allowed with the sanction of the Cantonment Committee.

**XXV. ALLOWING SLAUGHTER-HOUSES OR MARKETS TO BE IN A FILTHY STATE.**—No owner or occupier or farmer of any place used as a slaughter-house or market, within the limits of the Cantonment, shall keep or allow the same to be kept in a filthy or unclean state, or suffer any offensive smell to arise therefrom, or shall neglect to carry out any of the rules laid down for the management of slaughter-houses or markets.

**XXVI. SLAUGHTERING DISEASED ANIMALS.**—No owner or occupier, of any place used as a slaughter-house, within the limits of the Cantonment, shall slaughter or suffer to be slaughtered therein any diseased or unsound animal, and every owner or occupier of such place, in case of any diseased or unsound animal being brought thereto, shall forthwith give information thereof to the Cantonment Committee.

**XXVII. ALLOWING NUISANCE IN MARKET.**—No owner, occupier, or farmer of any market, within the limits of the Cantonment, shall knowingly allow the commission of any nuisance within such market.

**XXVIII. MARKETS TO BE PROVIDED WITH PROPER PLACES OF RETIREMENT.**—Every owner, occupier, or farmer of any market, to which, in the opinion of the Cantonment Committee, this rule ought to be made applicable, shall, within a reasonable time, to be fixed by the Cantonment Committee, after he shall have received notice to do so, provide such places of retirement for the purposes of nature as in the opinion of the said Committee may be necessary for the cleanliness and health of the said market.

**XXIX. ALLOWING EXPOSURE IN MARKET OF UNWHOLESOME ARTICLES OF FOOD.**—No owner, occupier, or farmer of any market, shop, or stall, within the limits of the Cantonment, shall permit to be exposed for sale, or admit or permit to remain therein, any article intended for food or drink for man, which is noxious or unfit for use as food or drink for man, and he shall forthwith cause any such article to be removed.

**XXX. SALE OF UNWHOLESOME FOOD OR DRINK.**—No person shall knowingly sell as food or drink for man, or offer or expose for such sale, or keep in his possession for the purpose of such sale, any article which is noxious or unfit for use as food or drink for man.

**XXXI. ADULTERATING FOOD OR DRINK.**—No person shall adulterate any article of food or drink so as to make such article noxious as food or drink, intending to sell such article as food or drink, or knowing it to be likely that the same will be sold as food or drink.

**XXXII. SELLING PORK.**—No person, within the limits of the Cantonment, shall sell any pork, except under such conditions as may be prescribed by the Cantonment Committee.

**XXXIII. BURYING OR BURNING CORPSES IN PROHIBITED PLACES.**—No person shall bury, or cause to be buried, or shall burn, or cause to be burned, any corpse in any place within the limits of the Cantonment, if the use of such place as a burial or burning-ground has been prohibited by lawful authority.

**XXXIV. DEPTH OF GRAVES.**—No person shall bury, or cause to be buried, any corpse in any burial-ground, within the limits of the Cantonment, in a grave not constructed of masonry which shall be less than six feet deep, or in a grave constructed of masonry which shall be less than four feet deep.

**XXXV. DISTANCE BETWEEN GRAVES.**—No person shall make or cause to be made a grave in any such burial-ground at a less clear distance than three feet from any other existing grave.

**XXXVI. GRAVES TO BE MADE ONLY IN PRESCRIBED LINES OR SITUATIONS.**—No person shall make or cause to be made a grave in any such burial-ground in any other lines or situations than those which may be marked out by competent authority for that purpose.

**XXXVII. CORPSES TO BE REDUCED TO ASHES.**—No person when burning, or causing to be burnt, any corpse in any burning-ground, within the limits of the Cantonment, shall permit the same or any part thereof to remain without being completely reduced to ashes or to be removed until the same be so reduced.

**XXXVIII. CORPSES TO BE BURNED WITHIN FOUR HOURS AFTER ARRIVAL AT BURNING-GROUND.**—Every person who shall bring, or convey, or cause to be brought or conveyed, any corpse to any such burning-ground, shall burn or cause the same to be burned within four hours after its arrival at the said burning-ground.

**XXXIX. THROWING CORPSES INTO RIVERS.**—No person shall throw any corpse into any river, within the limits of the Cantonment, when such practice shall have been declared by the Cantonment Committee, with the approval of the Magistrate of the District, to be a public nuisance.

**XL. OFFENSIVE OR OBNOXIOUS TRADES.**—No person shall use any place within the limits of the Cantonment for any of the following purposes, if such use of such place has been declared by the Cantonment Sanitary Officer to be a nuisance, and has been prohibited by the Cantonment Committee, as such, namely, as a butcher's shop, or for melting tallow, or for boiling offal or blood, or for making soap, oil-boiling, dyeing, or as a tannery, brick-pottery, or lime-kiln, or for any manufactory or place of business from which offensive or unwholesome smells arise, or as a yard or depôt for hay, straw, wood or coal.

**XLI. QUARRYING STONE AND CUTTING WOOD OR GRASS ON PUBLIC GROUND.**—No person shall quarry stone or kunkur, or dig up bricks, or cut wood or grass, on any public ground, except in places which may be set apart for such purposes by the Cantonment Committee.

**XLII. DEPOSITING BUILDING MATERIALS, OR MAKING EXCAVATIONS IN PUBLIC ROADS.**—No person shall deposit any building materials, or make a hole or excavation, in any road, thoroughfare, or public place without the permission in writing of the Cantonment Committee, or under its authority, and when such permission is granted to any person, he shall, at his own expense, whenever the Cantonment Committee may so direct, cause such materials or such hole or excavation to be sufficiently fenced and enclosed, until the materials are removed, or the hole or excavation is filled up, or otherwise made secure, and shall cause the same to be sufficiently lighted during the night.

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**L. RE-BUILDING HOUSES AND HUTS.**—Every person intending to build or re-build any house or hut, within the limits of the Cantonment, shall give pre-

vious notice in writing to the Cantonment Committee, and shall obey all rules and regulations which may be laid down by the Cantonment Committee, with respect to the sufficiency of the space to be left about such buildings or huts to secure a free circulation of air, or with respect to their ventilation or drainage.

LI. **ERECTING BUILDINGS IN OBJECTIONABLE SITUATIONS.**—No person shall make any new permanent or temporary building, hut, shed, enclosure, awning, or chubootra, in any situation in which such building or other construction shall be declared by the Cantonment Committee to be objectionable on sanitary grounds, or on account of causing encroachment or obstruction to a public thoroughfare.

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#### CHAPTER IV.

*Provisions for the enforcement of the Rules and Regulations of the Cantonment.*

I. **OFFICER COMMANDING CANTONMENT, CANTONMENT COMMITTEE, AND CANTONMENT MAGISTRATE, TO SEE TO THE ENFORCEMENT OF RULES AND REGULATIONS.**—It will be the duty of the Officer Commanding the Cantonment, of the Cantonment Committee, and of the Cantonment Magistrate, to take all lawful measures for causing the enforcement of the rules and regulations contained in the preceding Section.

II. **ACTUAL EXECUTION OF RULES AND REGULATIONS TO BE THE DUTY OF THE CANTONMENT MAGISTRATE.**—Except when it shall be otherwise provided, the Cantonment Magistrate will be responsible for the actual execution, in the manner provided by law, of all the rules and regulations laid down for ensuring the maintenance of the Cantonment in proper sanitary condition, and for the prevention of nuisances.

III. **OF OTHER OFFICER INVESTED WITH POWERS UNDER SECTION 20 OF ACT XXII. OF 1864.**—All of the present Rules which refer to the duties and responsibilities of the Cantonment Magistrate will be applicable, unless it be otherwise ordered by Government, to any person invested under Section 20 of Act I. of 1866, with powers to try breaches of the rules and regulations of the Cantonment.

IV. **GENERAL CONSERVANCY ESTABLISHMENT.**—The establishment maintained in each Cantonment, under the Cantonment Magistrate, for the general conservancy and sanitary administration, will vary in strength according to circumstances. It will ordinarily consist of one or more Conservancy Sergeants, or Inspectors of Nuisances, with the necessary sanitary Police and other subordinates.

V. **ESTABLISHMENT TO BE PAID FROM CANTONMENT FUND.**—The cost of the General Conservancy Establishment will be defrayed from the Cantonment Fund.

VI. GENERAL EXECUTIVE MANAGEMENT RESTS WITH THE CANTONMENT MAGISTRATE.—Except when it shall be otherwise provided, the Cantonment Magistrate will be the executive Head of the establishments entertained at the charge of the Cantonment Fund, and the management of the general conservancy and executive sanitary administration of the Cantonment will rest with him, subject to the general control of the Officer Commanding the Cantonment, and of the Cantonment Committee.

VII. DUTIES OF THE GENERAL CONSERVANCY ESTABLISHMENT.—The duties of the general Conservancy Establishment consist in—the carrying into effect all arrangements connected with the conservancy of the Bazaars, and of every part of the Cantonment, the conservancy of which is not provided for by means of Regimental or other special establishments; the removal, to the places set apart for the purpose, of all filth and rubbish from the public roads and streets, from public latrines, slaughter-houses, and other places, and from receptacles provided for filth and rubbish from public or private premises; and generally the execution of all the rules and regulations laid down by lawful authority for the protection of the public health.

VIII. GENERAL DUTIES OF CANTONMENT MAGISTRATE.—It will be the duty of the Cantonment Magistrate personally to inspect all parts of the Cantonment at least once in every month, especially those parts of which the Sanitary supervision is important, and to require his subordinates frequently to do the same; to enforce strictly in every part of the Cantonment the observance of all Sanitary rules and regulations that have been laid down; to carry into effect all necessary measures within his own authority, and to make to the Officer Commanding the Cantonment, and to the Cantonment Committee, an immediate report of every case in which the orders of superior authority may be required.

IX. ESTABLISHMENTS TO BE APPOINTED, &c., BY CANTONMENT MAGISTRATE.—Except when otherwise provided, all servants belonging to the general Conservancy Establishment of the Cantonment will be entertained, suspended, or dismissed under the orders of the Cantonment Magistrate alone.

X. USE OF COMMISSARIAT CATTLE FOR CONSERVANCY PURPOSES.—The use of Commissariat cattle, if any are available at the station, will be allowed for any Conservancy purposes on which the Executive Commissariat Officer may consider their employment unobjectionable. The expenses of tending and feeding the cattle when thus employed will be chargeable to the Barrack Department or to the Cantonment Fund, as the case may be.

XI. PROVISION TO BE MADE FOR DAILY CLEANSING OF STREETS, &c.—The Cantonment Magistrate shall provide, in such manner, as may be approved by the Cantonment Committee, for the daily surface cleansing of all streets,

roads, and public places of every description, within the limits of the Cantonment, for the daily collection and removal of all filth, refuse, and rubbish of every description, for preventing the deposit thereof in any places not specially assigned for the purpose, and for regulating the times and manner of such collection, removal, and deposits.

**XII. RECEPTACLES FOR DIRT, &c., TO BE PROVIDED.**—Places, or fixed or movable receptacles will be provided in such situations as the Cantonment Committee may appoint, in which all filth, refuse, and rubbish of every description from public or private premises, houses, or buildings, is to be periodically removed, and in which all cattle, carts, and implements required for such removal and for other purposes of conservancy, shall be kept.

**XIII. FAILURE OF OWNER OF PREMISES TO CONSTRUCT LATRINES AND RECEPTACLES.**—If the owner of any house, building, or premises, shall fail to cause to be constructed a latrine or latrines, and to provide receptacles for the temporary deposit of dirt, filth, and refuse in the manner prescribed by these rules, the Cantonment Committee may cause such latrines or receptacles to be constructed or provided at the expense of such owner, and may recover such expenses by distress and sale of his personal property.

**XIV. MANURE, REMOVED AT EXPENSE OF CANTONMENT FUND TO BE CONSIDERED PUBLIC PROPERTY.**—All filth, rubbish, and manure, which shall be removed at the expense of the Cantonment Fund, shall be held to be public property, and any sums that may be realized therefrom shall be credited to the Cantonment Fund.

**XV. ENCOURAGEMENT OF VACCINATION.**—The Cantonment Committee shall take such measures as, with the approval of the Local Government, it may consider desirable for the encouragement of vaccination among the inhabitants of the Cantonment.

**XVI. APPEARANCE OF EPIDEMIC OR CONTAGIOUS DISEASE.**—It will be the duty of all Medical Officers, and of all persons residing within the Cantonment, to make known without delay to the Cantonment Magistrate, for the information of the Cantonment Committee, the appearance of any epidemic or contagious disease which may be dangerous to the public health.

**XVII. NO GENERAL DESTRUCTION OF TREES TO BE ALLOWED.**—No orders shall be given in the Cantonment for any general destruction of trees, on the ground of any sanitary advantages which it is supposed will follow therefrom, without the approval of the Commander-in-Chief. But this rule will not prevent the trimming, to a moderate and reasonable extent, of trees and hedges, or the removal of particular trees or portions of trees, when this is considered necessary by the Cantonment Committee.

**XVIII. PUBLIC LATRINES AND URINALS TO BE PROVIDED.**—The Cantonment Committee shall cause a sufficient number of public latrines and urinals to be constructed for the use of the Native Troops, camp-followers, and inhabitants of the Cantonment, according to such plans as may be approved by Government, and shall take the necessary measures for insuring the maintenance at all times of such places in a proper state of cleanliness. Unless for special reasons, no payment shall be demanded from any person making use of a public latrine and urinal.

**XIX. LICENSES TO CONSTRUCT PUBLIC LATRINES, &c.**—The Cantonment Magistrate, with the approval of the Cantonment Committee, may grant, under any conditions which the Committee prescribe, a license to any person to construct a latrine or urinal for public use within the limits of the Cantonment, subject to the rules laid down in the last preceding paragraph.

**XX. PLACES MAY BE SET APART FOR SUPPLY OF DRINKING-WATER, FOR BATHING, &c.**—The Cantonment Magistrate, with the approval of the Cantonment Committee, may set apart any place on the bank of any river, or any tanks, reservoirs, or wells, within the limits of the Cantonment, not being private property, for the purpose of being used for the supply of drinking-water, or for the inhabitants to bathe in, or for washing animals or clothes, or for any other purpose connected with the health, cleanliness, or comfort of the inhabitants, and the Committee may make rules for regulating all matters connected with the use of water for such purposes, and for regulating the time and places of bathing for persons of each sex, making due allowance for the habits and customs of the country.

**XXI. CONSTRUCTION OF PUBLIC SLAUGHTER-HOUSES AND MARKETS.**—The Cantonment Committee shall, whenever it appear necessary, cause to be constructed, in accordance with such plans as may be approved by Government, slaughter-houses and markets for the use of the inhabitants of the Cantonment, or may grant, under any conditions which the said Committee may prescribe, a license to any person to construct such slaughter-houses and markets, and may prohibit the slaughter of any animals for public sale in any places in which, in the opinion of said Committee, such slaughter is objectionable, and shall take all necessary measures and lay down all necessary rules for maintaining at all times all slaughter-houses and markets in a proper state of cleanliness.

**XXII. INSPECTION AND SEIZURE OF UNWHOLESOME FOOD AND DRINK.**—The Cantonment Magistrate and any Officers duly empowered by him, may at all reasonable times, with or without assistants, enter into and inspect any market, building, shop, stall, or place used for the sale of food or drink for man; or as a slaughter-house, and may examine any food or drink or any



animal which may be therein, and in case any food or drink or animal appear to be intended for the food of man and to be unfit for such food, may seize the same, and if it appear to the Cantonment Magistrate, upon sufficient evidence, that such food or drink or animal is unfit for the food of man, he shall order the same to be destroyed, or to be so disposed of as to prevent its being exposed for sale or used for such food. Such arrangements shall be made by the Cantonment Magistrate and by the Cantonment Committee as will ensure a constant and vigilant inspection of all food and drink sold or offered for sale within the limits of the Cantonment.

**XXIII. BURIAL AND BURNING GROUNDS.**—The Cantonment Committee, with the approval of Government, but not otherwise, may prohibit the use of any place within the limits of the Cantonment as a burial or burning ground, or, with such sanction and approval, may provide fitting places to be used for such purposes.

**XXIV. UNWHOLESOME TANKS, EXCAVATIONS, &c., TO BE FILLED UP.**—If it appear to the Cantonment Committee that any private tank or hole, or excavation, or low marshy ground, or any waste or stagnant water being within any private enclosure, within the limits of the Cantonment, is injurious to health, or offensive to the neighbourhood, the Cantonment Magistrate may require, by notice in writing, the owner of the said premises to cleanse or fill up such tank or hole, or excavation, or to drain off and remove such stagnant water; and if the owner fail to comply with the requisition within such time as shall be specified in the said notice, the Cantonment Magistrate may cause the necessary work to be executed at the expense of the person upon whom the notice was served, and may realize such expenses by distress and sale of the personal property of the person aforesaid. Provided that if the work required be so extensive that, in the opinion of the Cantonment Committee, it is unreasonable to throw the whole expense upon the owner or occupier, a portion or the whole of the expense may be defrayed from the Cantonment Fund.

\* \* \* \* \*

**XXV. HEIGHT OF BOUNDARY WALLS AND FENCES TO BE REGULATED.**—The Officer Commanding the Cantonment, or the Cantonment Committee, may order that the boundary walls, hedges, or fences of estates and premises in any part of the Cantonment shall not exceed a certain specified height, and if the owner or occupier of such estate or premises neglects, after due notice has been given him, to carry out such order, the Cantonment Magistrate may order the necessary work to be performed at the expense of such owner or occupier, and may realize such expenses by distress and sale of his personal property.

\* \* \* \* \*

**XXXIV. POLICE MAY ARREST WITHOUT WARRANT FOR BREACHES OF CERTAIN RULES.**—Any Police Officer may take into custody, without a warrant, any person who within his view commits a breach of any of the rules numbered as follows in Chapter III, namely, Rules 2, 3, 4, 11, 17, 18, 19, 20, 21, 22, 23, 24, 26, 30, 31, 32, 41, 42, 48, 52, 53, 54, 55, 56, 58, 59, 60, 61, 62, 63, 64, 65, 67.

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**XXXV. ISSUE AND ENFORCEMENT OF INJUNCTION.**—In any cause arising under these rules in which the sanction of the Cantonment Committee is declared necessary to any proceeding by the Cantonment Magistrate, in which such Magistrate shall consider that immediate measures are necessary to be taken to prevent imminent danger or injury of a serious kind to the public, it shall be lawful for him, pending the determination of the Cantonment Committee, to issue such injunction and order as shall be required to obviate or prevent such danger or injury, and in default of the person to whom such injunction or order is issued forthwith taking all necessary measures ordered to be taken, the Cantonment Magistrate may himself use or cause to be used such means as may be necessary to obviate such danger or to prevent such injury, and no suit or action shall be entertained in respect of anything necessarily or reasonably done for that purpose.

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## CHAPTER V.

### *Provisions for the inspection and Controlling of Houses of ill-fame, and for preventing the spread of Venereal disease.*

**I. Cantonment Committee to supervise.**—It shall be the duty of the Cantonment Committee to supervise the execution of the rules prescribed under Clause 7, Section XIX. of Act I. of 1866. It shall be competent to the Committee to form a Sub-Committee for this purpose, and to entrust to such Sub-Committee all or any of the duties imposed on the Committee by these rules, provided that the Magistrate of the district shall in every case be a member of such Committee or Sub-Committee.

**II. DISTRICT SUPERINTENDENT OF POLICE TO HAVE EXECUTIVE CHARGE.**—Subject to the general control of the Officer Commanding the Cantonment, and of the Cantonment Committee, the District Superintendent of Police, or, in his absence, his assistant shall be charged with the actual execution of the rules made under Clause 7, Section XIX. of the said Act, but it shall be competent to Government to empower any other officer to exercise the necessary authority for the execution of any or all of the said rules.

III. TWO CLASSES OF PROSTITUTES.—The public prostitutes in every Military Cantonment to which these rules have been declared by Government to be applicable, shall be divided into two classes, viz., 1st, public prostitutes frequented by Europeans; 2nd, public prostitutes not so frequented.

IV. PROSTITUTES COHABITING WITH EUROPEANS.—Unless it shall be otherwise ordered by Government, these rules shall be held to be applicable to public prostitutes of the first only of the two classes mentioned in the last preceding rule, but it shall be competent to Government to declare any or all of these rules to be applicable to both of the said classes.

V. **Registration.**—No woman known to be a public prostitute shall reside or practice her trade within the limits of the Cantonment, unless she shall first have her name registered in the manner provided by these rules.

VI. UNREGISTERED WOMEN.—No woman, not being a registered prostitute, shall practice public prostitution within the limits of the Cantonment.

VII. TO RESIDE IN CERTAIN PLACES.—No public prostitute shall reside in any place within the Cantonment in which the Cantonment Committee shall declare the residence of such prostitute to be prohibited.

VIII. PROSTITUTES TO APPLY TO OFFICER IN EXECUTIVE CHARGE, TO BE REGISTERED.—Every public prostitute who wishes to be registered shall apply in person for that purpose to the officer charged with the preparation of the register.

IX. REGISTERED PROSTITUTES.—A register of public prostitutes shall be prepared in the form prescribed in Schedule A. of these rules, (see Appendix) or in such other form as Government may from time to time prescribe, and shall be kept in the Office of the Cantonment Magistrate or other officer charged with the execution of these rules. The register shall from time to time be revised, so that it may at all times show correctly all public prostitutes residing in the Cantonment.

X. COPY OF REGISTER TO BE FURNISHED TO LOCK HOSPITAL.—A copy of the said register and of all entries and alterations, which may from time to time be made therein, shall be furnished forthwith to the officer in charge of the Lock Hospital, who shall at all times keep in his Office a register corresponding in all respects with the register prescribed in the last preceding rule.

XI. ABSTRACT OF RULES TO BE READ OVER TO PROSTITUTE.—When any public prostitute applies to be registered under these rules, the abstract of regulations prescribed for her observance, according to the form given in Schedule C. of these rules, (see Appendix) or in such other form as the Local Government may from time to time prescribe, shall be read and explained to her, and if she shall signify her assent thereto, she shall be registered.

**XII. REMOVAL OF NAMES FROM REGISTER.**—Any registered prostitute may at any time apply to have her name removed from the register, on the ground that she intends to cease to be a prostitute, and if the Cantonment Magistrate or other officer as aforesaid shall be satisfied that she has truly stated such intention, her name shall be removed from the register.

**XIII. PAYMENTS BY REGISTERED PROSTITUTES.**—Every registered prostitute shall pay monthly to the Lock Hospital Fund such sum not exceeding one Rupee as may be determined by the Cantonment Committee. In case of non-payment, the amount may be levied by distress and sale of any moveable property of such prostitute, which may be found within the limits of the Cantonment: provided that no such sum shall be payable by any such prostitute while she may be under treatment in the Lock Hospital.

**XIV. TICKETS.**—Every registered prostitute shall be furnished with a printed ticket, to be renewed annually, in the form prescribed in Schedule B. of these rules, (see Appendix) or in such other form as the Local Government may from time to time prescribe. She shall also be furnished with a printed copy in English, and in her vernacular language, of the abstract of regulations prescribed for her observance, and referred to in Rule XI.

**XV. TRANSFER OF TICKETS PROHIBITED.**—No registered prostitute shall transfer or lend her ticket to any other person on any account, or for any purpose whatsoever.

**XVI. Medical examination.**—Every registered prostitute shall present herself, with her ticket, for medical examination, at the Lock Hospital or other place appointed for the purpose, at such times, not less than once in every fortnight, as may be appointed by the officer in charge of the Lock Hospital, unless she shall have been specially exempted by such officer, or by some person duly authorized by him, or by the Sub-Committee, from so presenting herself.

**XVII. REGISTER OF MEDICAL EXAMINATION.**—A register of all such medical examinations shall be kept by the officer in charge of the Lock Hospital in the form prescribed in Schedule D. of these rules, (see Appendix), and such examinations shall also be recorded in the ticket of each registered prostitute.

**XVIII. DISEASED WOMEN TO BE DETAINED IN LOCK HOSPITALS.**—Any registered prostitute, who, on medical examination, shall be found to be affected with any venereal disease, shall be detained in the Lock Hospital until discharged as cured, and no such prostitute shall leave the precincts of such hospital except with the permission of the officer in charge.

**XIX. UNREGISTERED WOMEN MAY BE TREATED.**—Any woman, not being a registered prostitute, who may present herself for treatment on account of any venereal disease, may, with the permission of the officer in charge of the

Lock Hospital, be received for treatment in such hospital, and such woman shall then be subject to the conditions contained in the last preceding rule.

**XX. SUBSISTENCE WHILE IN LOCK HOSPITALS.**—No sum on account of subsistence or treatment shall be taken from any registered prostitute while under treatment in the Lock Hospital, and such amount of subsistence allowance shall be given to every such patient from the Lock Hospital Fund as may be determined by the Cantonment Committee.

**XXI. Inspection of Brothels.**—It shall be competent to the officer charged with the execution of these rules to give special authority to any Police Officer, or other person, to inspect any house inhabited by any registered prostitute, within the limits of the Cantonment, and every such prostitute shall, when required to do so, exhibit her ticket to such authorized Police Officer or other person.

**XXII. CLEANLINESS AND CONSERVANCY OF HOUSES INHABITED BY PROSTITUTES.**—It shall be competent to the Cantonment Committee to make special rules for the maintenance in a state of cleanliness of all houses occupied by registered prostitutes within the limits of the Cantonment, and for the provision therein of a sufficient supply of water, and of proper means of ablution. When such rules have received the sanction of Government, they shall be binding upon all such registered prostitutes, and breaches thereof shall be punished in the manner provided by Rule XXXII.

**XXIII. CHANGE OF RESIDENCE OF PROSTITUTES.**—When any registered prostitute wishes to change her residence in the Cantonment, she shall signify her intention to the Cantonment Magistrate or other officer as aforesaid, and, subject to the conditions contained in Rule VII, such change of residence shall be entered in the register, and in the ticket of such registered prostitute.

**XXIV. LEAVING CANTONMENT.**—Whenever any registered prostitute wishes to leave the Cantonment in which she has been registered, permanently, or for a time, she shall signify her intention to the Cantonment Magistrate or other officer as aforesaid, and a note thereof shall be made in the register and in the ticket of such registered prostitute. If she intends to leave the Cantonment permanently, she shall, before her departure, deliver up her ticket to the Cantonment Magistrate or other officer.

**XXV. REMOVAL OF NAME FROM REGISTER.**—On the permanent departure from the Cantonment, or the death of any registered prostitute being duly certified, her name shall be removed from the register.

**XXVI. TICKETS TO HOLD GOOD ONLY IN THE PLACE WHERE ISSUED.**—No registry of any prostitute, nor the possession of a ticket by such prostitute, in any Cantonment, shall in any way authorize such prostitute to reside or practice her trade in any other Cantonment, in which she has not been duly registered.

**XXVII. PUBLIC SOLICITATION PROHIBITED.**—No registered prostitute, or other woman, shall publicly solicit any person within the limits of the Cantonment.

**XXVIII.** It shall be lawful for any Police Officer, specially authorized for the purpose by the District Superintendent, to take into custody, without a warrant, any woman who, within his view, commits a breach of the last preceding rule.

**XXIX. Unregistered Women.**—Whenever any Police Officer shall have reason to believe that any woman, not being a registered prostitute, practices public prostitution within the limits of the Cantonment, in contravention of Rule VI., it shall be the duty of such Police Officer to report the name of such woman, and the circumstances of the case, to the District Superintendent of Police, who, if he be satisfied that there are sufficient grounds for so doing, shall report the same for the orders of the Cantonment Magistrate.

**XXX.** No notice of any report made under the last preceding Section, or of any report received from any other person to a similar effect, shall be entered in the Police Diary, prescribed by Section 154 of the Code of Criminal Procedure, or in any other permanent record, and no such report shall, in any manner, be made public, unless the Cantonment Magistrate shall consider that sufficient grounds have been shown for taking further proceedings against such woman for a breach of the said Rule VI. If the District Superintendent, or the Cantonment Magistrate, as the case may be, shall consider that there are no sufficient grounds for further proceedings, such reports and all records thereof shall forthwith be destroyed.

**XXXI. HEAD OF POLICE TO FRAME RULES.**—It will be the special duty of the Inspector General of Police, under Section 12 of Act V. of 1861, to frame, from time to time, such orders and rules as he shall deem expedient for preventing abuse on the part of the Police, and for rendering it efficient in the discharge of its duties under these rules.

**XXXII. PENALTY FOR INFRACTION OF RULES.**—Any prostitute who shall be convicted of a breach of any of these rules shall be liable to a fine not exceeding fifty Rupees, or imprisonment for eight days, with or without labour, as provided in Clause 11, Section 19 of Act I. of 1866.

**XXXIII. MEDICAL OFFICERS OF LOCK HOSPITALS MAY HAVE AUTHORITY TO PUNISH.**—It shall be competent to the Local Government to invest the Officer in charge of the Lock Hospital with power to punish breaches of Rules XVI., XVIII., and XIX., provided that no penalty imposed by such Officer shall exceed a fine of five Rupees, leviable in case of non-payment, by distress and sale of

any moveable property of the offender, which may be found within the limits of the Cantonment.

XXXIV. Whenever any registered prostitute is convicted of a breach of any of these rules, a note of such conviction shall be made in the register prescribed by Rule IX., and in the ticket furnished to such prostitute under Rule XIV.

XXXV. **Brothels.**—No person shall keep a Brothel within the limits of a Military Cantonment except by the permission of the Sub-Committee charged with the execution of these rules.

XXXVI. **APPLICATIONS, TO KEEP.**—Every applicant for permission to keep a Brothel within the limits of a Military Cantonment, shall state in his application the number and street in which he proposes to establish such Brothel: he shall also state the number of prostitutes to be kept in such Brothel.

XXXVII. **APPLICANT TO BE REGISTERED AND FURNISHED WITH RULES.**—After an inspection and approval of the premises and situation of the proposed Brothel, the applicant shall be registered as permitted to keep a Brothel for (here enter number) prostitutes. Every registered Brothel-keeper shall be furnished with a copy of the rules prescribed under Clause VII., Section XIX., Act I. of 1866, and shall be required to affix these rules in some conspicuous part of his Brothel.

XXXVIII. **LIST OF RESIDENT PROSTITUTES TO BE FURNISHED.**—The registered Brothel-keeper shall keep a list in the form prescribed in Schedule E. (Appendix) of all prostitutes residing in the said Brothel, and shall furnish the Office of the Cantonment Committee with a copy of such list, for record in the Office of the Sub-Committee charged with the execution of these rules.

XXXIX. In this list the names, ages, and personal description of the prostitutes, inmates of such Brothel, shall be entered; any change that may from time to time take place in the inmates of the Brothel shall at once be notified by the Brothel-keeper to the "Cantonment Magistrate" Secretary to the Cantonment Committee.

XL. A copy of these lists shall be furnished by the "Cantonment Magistrate" to the Superintendent of Police for verification and for record in his Office.

XLI. Every registered Brothel-keeper shall, when required by any Police Officer authorized to inspect Brothels and prostitutes' houses, or by the "Sanitary Officer of the Cantonment" or by any other Officer authorized to make such inspection by the Sub-Committee, produce the list described above in Rule XXXVIII.

XLII. **UNREGISTERED WOMEN NOT TO BE RECEIVED IN BROTHELS.**—It shall not be lawful for any Brothel-keeper within the limits of a Military Canton-

ment, to receive into his house as a resident, or temporarily for the purpose of prostitution, any women whose name has not been entered as a registered or special registered prostitute in the Office of the Cantonment Committee, and who is not provided with a ticket showing her to have been so registered.

**XLIII. CHILDREN.**—No child above four years of age shall be kept in, or upon the premises of any Brothel situated within any Military Cantonment.

**XLIV. DISEASED PERSONS TO BE REPORTED.**—Brothel-keepers shall report immediately to the "Sanitary Officer of the Cantonment" and to the Medical Officer in charge of the Lock Hospital, all cases of disease occurring among the inmates of their respective Brothels, and shall strictly observe any orders regarding such diseased persons, as may be issued by the above named Officers.

**XLV.** Brothel-keeper shall cause the prostitutes, inmates of their Brothels to "observe Rule XVI. of this Chapter."

**XLVI. SALE OF LIQUOR PROHIBITED.**—No food or "intoxicating" drink shall be sold on the premises of any registered Brothel situated within the limits of a Military Cantonment. The supplying any European Soldier with "intoxicating" liquor in any licensed Brothel, under any pretence soever, shall be held to be a breach of this rule.

**XLVII. INSPECTION OF BROTHELS.**—All registered Brothels and the houses of all special registered prostitutes, within the limits of a Military Cantonment, shall be inspected by an Officer of Police, acting under the direction of the Sub-Committee, or by any person specially appointed for such inspection by the Sub-Committee, not less than once in seven days, and all such Brothels and prostitutes' houses shall be open to the inspection, if necessary by day and by night of the Police, the Sanitary Officer of the Cantonment, or any other person deputed by the Sub-Committee charged with the execution of these rules to make such inspection.

**XLVIII. PERSON AND CLOTHING MAY NOT BE DETAINED.**—The person and necessary clothing of any prostitute residing in a registered Brothel, situated within a Military Cantonment, shall not be detained on account of any debt which may be owing by any such prostitute to the Brothel-keeper, or any other inmate of such Brothel nor for any other reason soever shall any prostitute be detained against her will in any such Brothel. Provided that every Brothel-keeper shall bring to the notice of the Sanitary Officer of the Cantonment the absence of any prostitute an inmate of such Brothel within twenty-four hours of such absence occurring.

**XLIX. KEEPERS OF HOUSES RESPONSIBLE FOR OBSERVANCE OF ORDER.**—The keepers of registered Brothels and all special registered prostitutes in their houses, within the limits of a Military Cantonment, shall be held responsible



for the due observance of any orders, not inconsistent with these rules, which may from time to time be issued by the Sub-Committee charged with the execution of the aforesaid rules, for the preservation of health, cleanliness, or decency, in such Brothels and houses.

**L. FEMALE SERVANTS OF BROTHELS.**—Brothel-keepers shall furnish a list to the Sanitary Officer of the Cantonment of all female servants in their employment, and these female servants, if below forty years of age, shall be submitted to medical examinations similar to those prescribed for prostitutes who are borne on the register of such Brothels. It shall not be lawful for any Brothel-keeper to receive as an inmate of such Brothel any female who has not been registered as a prostitute, or as a female servant attached to such Brothel.

**LI. FEMALE BROTHEL-KEEPER.**—Female Brothel-keepers below forty years of age shall be submitted to the same medical examination as prostitutes, the inmates of such Brothels.

**LII. Every female Brothel-keeper or female servant employed by Brothel-keepers,** who on medical examination shall be found to be affected with any venereal disease, shall be detained at the Lock Hospital until cured, and shall be registered as a prostitute in the manner provided in these rules for the registration of prostitutes in a Military Cantonment.

**LIII. PENALTY FOR BREACH OF RULES.**—Any Brothel-keeper, who shall be convicted of a breach of any of these rules, shall be liable to fine not exceeding 50 Rupees, or imprisonment for 8 days with or without labour as provided in Clause 11, Section XIX. of Act I. of 1866.

### **Registration of Deaths.**

**6. REGISTER TO BE KEPT.**—There shall be kept in all Military Cantonments G. O. C. C., No. 4 a careful registration of all deaths and their causes, of 1869. whether of Europeans or Natives, Military or Civil, including all residents and servants in private compounds, and Regimental bazaars.

**7. CANTONMENT MAGISTRATE TO REGISTER.**—The duty of registration will devolve on the Cantonment Magistrate and his establishment, assisted when necessary by the Military authorities.

**8. OR STATION STAFF OFFICER.**—At stations where there are no Cantonment Magistrates, the duty will be performed by the Station Staff Officer, under the orders of the Commanding Officer.

**9. WEEKLY STATEMENT.**—A weekly statement of such registration will be accurately prepared by the Cantonment Magistrate or Station Staff Officer,

who will forward a copy through the Commanding Officer to the Sanitary Commissioner.

10. RECORDS TO BE PRESERVED.—All registration records will be carefully preserved in each station.

11. SANITARY COMMISSIONER TO SUPPLY FORMS.—The Sanitary Commissioner will supply forms of returns, together with any special instructions that may be required.

## FORM.

Return of Deaths in the Cantonment of \_\_\_\_\_ for the week ending

	Strength.		Cholera.		Small-pox.		Measles.		Fever.		Dysentery and Diarrhoea.		Accidents and Violence.		All other causes.		All causes.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Telingas or Gentoos ...																		
Tamil ...																		
Brahmins or Rajpoots ...																		
Maharattas ...																		
Mussulmans ...																		
Christians ...																		
Other castes ...																		
Indo-Britons ...																		
Europeans ...																		
All races...																		

*The above is a correct return, so far as can be ascertained, of all the deaths that have occurred, excepting those of Officers and men, that are included in Medical Returns of Regiments or Departments.*

*(Signature of the Officer Commanding the Station.)*

*(Signature of Cantonment Magistrate or Station Staff Officer.)*

12. CHEQUE BOOK FORMS.—Cantonment Magistrates and Station Staff Officers will be furnished (through Officers Commanding Station), by the Sanitary Commissioner, with Certificates of Death in Cheque Book form, to be distributed to all

Instructions under  
G. O. C. C., No. 4 of  
6th January 1869.

Medical Officers and Subordinates in independent medical charge of Regiments, Hospitals, and Institutions.

13. **DEATH CERTIFICATES.**—On the occurrence of the death of *any* individual under their medical charge, or of the cause of which death they have cognizance, such Medical Officer or Subordinate will fill in a Death Certificate sheet, and transmit the same to the Cantonment Magistrate or Station Staff Officer, retaining the counterfoil for record in the Hospital or Institution.

14. Deaths occurring amongst persons *not* dying under recognised medical treatment, will be reported to the Cantonment Magistrate, or if reported orally, one form will be filled in and filed in the office of the Cantonment Magistrate, and a duplicate given to the informant as a voucher that the death has been duly reported.

15. **REGISTERS.**—From these Certificates of Death, the Cantonment Magistrate, or Station Staff Officer, will fill in the *Registers*, one for Europeans and Eurasians, and one for Natives.

On Saturday of each week, from the Registers thus kept, the *Returns* laid down in para. 11 will be prepared and forwarded to the Sanitary Commissioner, together with a copy of the Registers from which they are compiled.

## II.—Troops in Garrison.

16. **Station and Cantonment Duties.**—The Senior Medical Officer at G. O. C. C., No. 107 of 1858. every station of the Army shall be considered the Sanitary Officer.

17. **DIVISION OF DUTIES.**—When there may be present at a station both G. O. G., No. 269 of 1867. British and Indian Troops, then the Senior Medical Officers of the two services on the spot, whatever their rank may be, will act as the Sanitary Officers and advisers of the Officer Commanding the station, in all matters relating to their respective departments or duties, and they will have the entire superintendence of the sanitation of the lines, bazaars, and establishments attached to them, of the Regiments belonging to their respective services.

18. **CANTONMENT COMMITTEE.**—Questions relating to the general health of the station as a whole, or those in regard to which *Ibid.* there is any doubt as to the jurisdiction, should be considered and reported on by the Cantonment Committee of which the senior Medical Officers present of the two services, should be *ex-officio* members; or, if the question be a purely Medical one, it may be considered by a Board of Medical Officers of both services, the senior presiding.

19. **MEDICAL OFFICERS TO COMMUNICATE WITH SANITARY OFFICERS.**—All Medical Officers of a station will communicate with the Sanitary Officer or Officers, as a part of their ordinary duty.  
G. O. C. C., No. 107 of 1858.

20. **SANITARY OFFICERS TO MAKE THEMSELVES ACQUAINTED WITH THEIR DISTRICTS.**—Sanitary Officers of stations must make themselves thoroughly acquainted with the country in the neighbourhood of their respective stations, so that they may be able to advise on such measures as may be thought necessary for the prevention of disease amongst the troops.  
*Ibid.*

21. **TO OBTAIN EARLY INFORMATION OF THE APPROACH OR OUTBREAK OF EPIDEMICS.**—Sanitary Officers of stations are enjoined to take measures to have themselves apprised of the earliest appearance in their districts of any epidemic disease, especially cholera, and they are to communicate with each other regarding the peculiar features and progress of such epidemic, and to advise Military and Civil authorities as to the best means of protecting the public health of the station. Civil authorities of a District are responsible for obtaining immediate notice of the outbreak of cholera in their jurisdictions, and for giving notice thereof to the Military authorities without delay. Military authorities will also give immediate notice of cholera in Cantonment to the District Officials.

22. **Medical Department charged with sanitary duties of the Army.**—The Medical Department of the Army and its Officers are charged not only with the medical care of the sick, but with the duty of recommending to Commanding Officers, verbally or in writing, whatever precautionary measures as to barracks, encampments, garrisons, stations, hospitals, transports, diet, dress, drills, and duties, may, in the opinion of the Department and its Officers, conduce to the preservation of the health of the troops, and to the mitigation or prevention of disease in the Army. But in the event of any verbal representation not being complied with, the Medical Officer shall make a representation in writing on the subject to his Commanding Officer.  
G. O. C. C., No. 82 of 1868.

23. **Regimental Medical Officers.**—INSPECTION OF RECRUITS.—The Regimental Surgeon, or Medical Officer in charge of a Regiment, is to inspect and examine very carefully Recruits before final approval.

24. **WEEKLY INSPECTIONS.**—He is weekly to inspect the men for the detection of itch, cutaneous complaints, ocular disease, ulcers, and any ailments indicated by the countenance or skin, as fever, marasmus, small-pox, &c., and immediately to adopt such precautionary measures as may appear to him to

be requisite. Men with itch are, if possible, to be placed in a separate room, or in a tent, when the season will permit.

25. **VACCINATION.**—He is required to report yearly whether every man, woman, and child belonging to the Regiment bears unequivocal marks of either small or cow-pox; and is to keep a register of the names and appearances, on the days of examination, of all patients vaccinated. In all stations where fresh virus can be procured, every doubtful case, not only of Soldiers, but of their wives and children, should undergo re-vaccination. Any cases of small-pox are to be immediately reported to the Deputy Inspector General in a special report, specifying the name and age of each individual, and whether bearing satisfactory marks of vaccination, and by whom vaccinated.

If the patient be a Soldier, and no marks of vaccination exist, such fact should be mentioned in the said report, with a statement showing the date of his joining the Corps, by what Medical Officer examined on enlistment, and with a copy of any note or memorandum transmitted by that Officer to the Regimental Surgeon. Whenever the Medical Officer has reason to believe that re-vaccination is necessary, he should proceed to re-vaccinate those who may require it.

26. **BATHS AND LAVATORIES.**—The Surgeon or Medical Officer in charge shall, at least once a week, inspect the lavatories and baths of all barracks, quarters, and hospitals, to see that they are in an efficient state.

27. **PERSONAL CLEANLINESS OF TROOPS.**—He shall satisfy himself that the personal cleanliness of the men is properly attended to.

28. **GYMNASTICS.**—He shall visit periodically all grounds or places set apart for games or amusements for the troops, and shall give his advice on such matters, and also on the kind and amount of gymnastic exercises best suited to improve the health of the men.

29. **RATIONS, AND WATER SUPPLY.—COOKING.**—He shall, from time to time, examine the amount and quality of the rations supplied to the troops, and also the quality of articles of food and drink sold in the canteens and Regimental bazaars, and the ventilation of the canteens themselves. He shall examine the cooking (in the case of European troops) and ascertain whether it be sufficiently varied; likewise the quality and amount of drinking water, and he must ascertain whether wells and other sources of water are protected from soakage from latrines, cess-pools, drains, and other sources of impurity.

30. **NEW BUILDINGS.**—Before any new barrack or hospital is erected, the plans and site will be submitted for approval, in so far as regards the healthiness of the buildings, to the Administrative head of the Medical Department, and to the Sanitary Commissioner.

31. **SELECTION OF QUARTERS OR HOSPITALS.**—Before any buildings are selected for the accommodation of troops or for hospitals, their sanitary condition shall be examined by a competent Medical Officer, and shall be reported on to the Commanding-Officer, and such sanitary improvements indicated as may be requisite to secure the health of the men.

32. **DISTANCE OF BEDS.**—The Surgeon or Medical Officer in charge shall satisfy himself that every soldier in Barracks and every patient in hospital has a separate bed, and that the beds are not placed at a less distance than six inches from any part of the wall, and that the beds are arranged so as to be at suitable distances from each other.

33. **NUMBER OF MEN THE SAME AS PAINTED ON THE DOOR.**—That the number of men in barrack-rooms, hospital wards, and guard-rooms is in accordance with the number painted on the door; and if it be not so, he is to state in his annual Report what the monthly average of cubic and superficial space per man has been.

34. **VENTILATION AND LIGHTING.**—That every barrack, guard-room, hospital, and cell is suitably lighted and provided with sufficient means of ventilation to keep the air in a pure state by night as well as by day.

35. That married Soldiers' quarters, schools, reading-rooms, kitchens, wash-houses, lavatories, urinals, and latrines are suitably ventilated and lighted.

36. **VENTILATION TO BE EFFICIENT.**—That the means of ventilation provided for any barrack, guard-room, hospital, or cell, or for any school, reading-room, kitchen, wash-house, lavatory, urinal, or latrine are in efficient operation.

37. **OPENING OF WINDOWS AND DOORS.**—That the windows and doors of every barrack-room are opened sufficiently to allow of a free ventilation as soon as the men have risen, and that they are kept open to such extent during the day as the weather and season may admit.

38. **BEDS TO BE EXPOSED.**—That the beds and bedding are freely exposed to the air for at least an hour every morning before they are made up.

39. **BARRACKS TO BE LIMEWASHED.**—That the walls and ceiling of barracks or quarters and hospitals are limewashed twice a year, or oftener if necessary, and that the walls are scraped at intervals.

40. **INSPECTION OF LINES, NATIVE CORPS.**—In Native Corps, the Medical Officer, with the Officer Commanding and the Quartermaster in company, shall inspect the lines frequently, to ascertain that they are in a good sanitary condition, and that the huts are kept clean, and not overcrowded. Due notice of such inspections are to be given, so that the families of the men may not be inconvenienced.

41. **INSPECTION OF BARRACKS BY MEDICAL OFFICER.**—For British troops, the Surgeon or Medical officer in charge shall visit all barracks, quarters, guard-rooms, hospitals, cells, and married soldiers' quarters at frequent intervals, to examine their general sanitary condition and cleanliness. He shall note the state of cleanliness of the rooms and beds, the state of the atmosphere by day, and when the men are in quarters. He shall examine and make inquiry, at such times as he may consider necessary, into the condition of the latrines, drainage, urinals, water supply, stables, general cleanliness, &c., so as to enable him to judge of the sanitary condition of the whole buildings. He shall keep notes of all such examinations, stating whether the results were satisfactory, the defects he discovered, the representations he made, verbally or in writing, to his Commanding Officer to have them removed, and the result.

42. **SANITARY STATE OF GARRISON.**—The Sanitary officer or officers of a station shall exercise a general supervision over the sanitary condition of all parts of the garrison, camp, or station, and its vicinity, as regards drainage, cleanliness, removal of nuisances, water supply, overcrowding, ventilation, limewashing, lighting of barracks and hospitals, the state of latrines, and all other matters affecting the health of the troops.

43. **TO RECOMMEND PRECAUTIONS TO COMMANDING OFFICER.**—Sanitary officers shall represent any defects in the same, together with their recommendations thereon, verbally or in writing, to the officer commanding the troops, and in like manner the Surgeon or Medical officer in charge of any Regiment or Detachment shall represent and recommend to the Commanding officer, verbally or in writing, whatever he may consider necessary for protecting the health of the troops, whether as regards abatement or removal of local causes of disease, or as to any alteration of diet, clothing, drills, or duties, in terms of these regulations, subject to the condition already mentioned, that if any verbal representation is not complied with, the Administrative Medical officer or Medical officer in charge shall make a representation in writing on the subject to his Commanding officer.

44. **COPIES OF RECOMMENDATION TO BE SENT TO ADMINISTRATIVE MEDICAL OFFICER.**—The Surgeon or Medical officer in charge shall transmit to the Deputy Inspector General in garrisons, camps, and stations, and to the Sanitary officer, when an army is in the field, copies of all written recommendations he may have considered it necessary to make, for protecting the health of troops, and, except when an army is in the field, he shall immediately send copies of such recommendations stating the results to the Administrative Medical officer of his circle.

45. **COMMANDING OFFICER TO CONSIDER AND GIVE EFFECT TO RECOMMENDATIONS.**—The Commanding officer of any garrison, camp, station, regiment or detachment, immediately on receiving any verbal or written representation or recommendation from the Administrative Medical officer, or from the Surgeon or Medical officer in charge, on any matter influencing the health of the troops, will take the same into his most careful consideration, and give the necessary instructions for remedying the defects represented, unless he have sufficient reasons for not doing so, in which case, and if the representation has been made in writing, the Commanding officer will state such reasons in writing, and transmit the same forthwith, together with the representation or recommendation of the Medical officer, to the Commander-in-Chief.

### Food, European Troops.

46. **Scale of Rations.**—The daily ration of an European soldier shall consist of :

G. O. G., No. 233 of 1853.	Bread	...	1 lb.	}	Tea...	...	...	$\frac{5}{7}$ oz.
	Meat	...	1 lb.		Salt...	...	...	1 oz.
	Rice	...	4 oz.		Vegetables...	...	...	1 lb.
	Sugar	...	2 $\frac{1}{2}$ oz.		Firewood	...	...	3 lbs.

47. **SPECIFICATION OF RATIONS.**—The *bread* issued in the rations of the soldier is to be of the best quality. The *meat* will be cut up into joints, and those parts of the animal (such as the ribs and upper joints of the fore-legs) as are more than two-thirds bone, will be excluded from the ration. *Coffee* may be substituted for tea in the proportion of 2 lbs. of the former to 1 lb. of the latter, whenever tea is not procurable, or coffee may be preferred, and is at hand.

*Coffee* is issued in its raw state, the arrangements for roasting the same being made regimentally. *Rice* should be of the description called “first sort boiled rice.” *Sugar*, good brown; and *salt*, the best country, but not refined or table salt: the selection of samples of the last four articles may be made in communication with Commanding officers at the time of advertising for the yearly contracts.

48. **VEGETABLES.**—The ration of *vegetables* will consist of such descriptions as may be procurable at the several stations of the army, during the different seasons of the year.

49. Local circumstances permitting, the vegetable ration may advantageously be varied, so as to render it most acceptable to the men, whenever this can be effected, without extra cost to the State. But if the regimental authorities

G. O., Nos. 3,384 of  
1862 and 639 of 1863,  
M. D.



apply for a more expensive vegetable, the issue must be proportionately reduced, to bring it within the sanctioned amount.

50. The proportion of *potatoes* shall not exceed one-half the weight of the vegetable ration.

51. DHALL.—Government have authorized the issue of dhal (*cajanus* G. O. C. C., No. 78 *indicus*) to European Troops, in lieu of vegetables, whenever the latter cannot be procured, or a change is considered desirable for the health of the men. 1 oz. of dhal is the equivalent of 4 ozs. of vegetables. Whenever part dhal and part vegetables are issued, the latter should never, if practicable, be in less proportion than 8 ozs. When dhal is substituted *entirely* for vegetables, a special report of the cause is to be made to the Adjutant General for the information of the Commander-in-Chief.

52. **Change in the scale of Rations.**—The regulation fixing the scale of rations to be supplied to European troops, having been established by the Supreme Government, and declared applicable to the three presidencies, it is not competent to any inferior authority to order any alteration of the scale, except for the sick in hospital, or in cases of grave emergency; and when made, it will be on the responsibility of the officer ordering the change, until approved of by Government.

53. LIME JUICE.—As a general rule, no issue of lime juice and sugar, or of any other articles extra to the authorized rations of the soldier, is to be made, except on the sanction of Government previously obtained. Whenever it may be necessary on sanitary grounds to sanction such extra issues to the troops on emergency, the same should be authorized in station orders on the special recommendation of the senior medical officer on the spot, and the order promptly forwarded through the prescribed channel to Government for confirmation.

54. Officers when issuing orders for any alteration in the scale of rations, should specify the period during which the modification in the ration may be considered necessary.

55. **Rejection of Rations.**—Whenever any portion of the rations or diet tendered for a corps or hospital is deemed objectionable, the option of changing them forthwith may be allowed to the contractor, but should he refuse to do so, the Commanding officer should immediately assemble a Regimental Committee for the purpose of inspecting them. The Committee will be composed of a Field officer or Captain as president, with two officers commanding troop or companies as

members. A Medical officer must attend the Committee and give an opinion either verbally or in writing as to the quality of the rations objected to. In all cases of condemnation of provisions, the Committee's report should shew whether the articles are deemed of inferior quality only, or decidedly unwholesome; and when pronounced positively unwholesome, the provisions are instantly to be destroyed in the presence of the Committee. The proceedings of the Regimental Committee should be at once forwarded for the guidance of the Executive Commissariat officer at the station.

56. CONDEMNED RATIONS HOW RE-PLACED.—When provisions (including the meat ration) have been condemned as of *inferior* quality, G. O. G., No. 233 of 1853. the contractor will be allowed to substitute fresh rations, G. O. G., No. 9 of 1859. and in the event of his failing to do so within a reasonable time, the Commissariat officer will supply the deficiency at the cost of the contractor.

57. In the event of the rejection of *bread* and a fresh supply not being immediately procurable, flour or soojee, at the option of G. O. G., No. 233 of 1853. the soldier, will be issued as an equivalent, with a supply of firewood, all at the cost of the contractor, to whom the rejected bread, if not unwholesome, will be returned: two pounds of flour or soojee, and one pound of firewood, to be the allowance of each man.

58. SPECIAL COMMITTEE.—The Commissariat officer has a right to claim a final authoritative decision as to whether the G. O., No 1,037 of 1863, M. D. condemnation by the Regimental Committee is based on sufficient grounds, whenever he may consider this necessary in justice to the contractor; he will therefore be at liberty to apply to the Officer commanding the station to assemble a special Committee on the condemned rations, and such Commanding officer shall not be at liberty to refuse to assemble such Committee, should the Executive Commissariat officer persist in desiring it. As however the responsibility of the Commissariat officer is greatly increased by its being placed absolutely in his power to demand the assembly of a Committee, any obviously unnecessary exercise of this power would meet with severe reprehension.

59. When *tea* or any other article of ration supplied from Government stores is deemed objectionable, it shall, in every case, be G. O. G., No. 121 of 1860. submitted to a second or station Committee. Whenever a Commissariat officer shall place before any Committee a written opinion to the effect that any particular article condemned will improve by keeping, the article in question shall not be destroyed by the Committee, but shall be returned to the Commissariat officer.

60. **Rations of Military Prisoners.**—The following is the scale of diet for prisoners, under sentence of imprisonment by Court Martial:—

*Every Day.*

	Salt	...	...	...	$\frac{1}{2}$ oz.
For Breakfast.	{	Tea or Coffee	...	...	1 pint.
		With milk	...	...	1 oz.
		„ Sugar	...	...	2 oz.
		Bread good ration sort...	...	...	$\frac{1}{2}$ lb.

Evening meal same as for Breakfast.

*Sundays, Tuesdays, and Fridays.*

Midday Meal.	{	Good meat without bone*	...	...	$\frac{1}{2}$ lb.
		Or with bone and made into soup	...	...	1 lb.
		Vegetables	...	...	10 oz.

*Mondays and Thursdays.*

Midday Meal.	{	Pease meal	...	...	9 oz.
		Milk	...	...	$\frac{1}{2}$ pint.

*Wednesdays and Saturdays.*

Midday Meal.	{	Potatoes	...	...	1 $\frac{1}{2}$ lb.
		Milk	...	...	$\frac{1}{2}$ pint.

In the event of it being impossible to procure good wholesome potatoes during any portion of the year, the pease meal is to be given for Wednesday's and Saturday's midday meal, until wholesome potatoes can be again supplied.

61. **Rum or Arrack.**—All Rum or Arrack for the use of the troops will be provided by the Commissary General.

G. O. G., No. 176 of 1851. 62. **ISSUES OF RUM OR ARRACK.**—Arrack for issue to the troops will be of the uniform strength of 25° below proof. Rum will be issued at 24° below proof.

63. The Commissariat department will receive payment for all spirit supplied to canteens at the *time of issue*, at the wholesale price of Rupees two per gallon—old wine measure—empty casks being also paid for, as in the case of malt liquor, and the value of those returned to the Commissariat being re-paid to the canteen. The spirit will be retailed by canteens at the rate of one anna per dram, or 2 $\frac{1}{2}$  Rupees per gallon, the profit being credited to the canteen fund.

64. **MEASURES FOR SPIRITS AND BEER.**—The wine gallon is to be the standard measure used in all receipts and issues of spirit; it contains 231 cubic inches, and is divided into 40 drams, whilst the Imperial gallon, which is used in the issue of malt liquor, contains 277·274 cubic inches, and is in

\* Before being cooked.

practice considered equal to 48 drams, the dram being of the same capacity in both cases.

65. **RETAIL ISSUE BY THE COMMISSARIAT.**—Where there may be no canteens, the Commissariat will issue the regulated allowance of spirit at the rate of one anna per dram on a monthly indent to be filled in and signed daily. The maximum allowance of liquor to any one man per day, being as follows :

Rum or Arrack one dram, with one quart of malt liquor.

66. **On Field service or during epidemics.**—When a regiment takes the field, two drams of spirit may be issued, should the Commanding and Medical Officers consider it desirable. Two drams may also be issued during the prevalence of epidemics, or in special individual cases, if deemed advisable by the Medical and Commanding Officers.

67. **ARRACK AND QUININE.**—When Arrack and Quinine are issued to troops moving in malarious districts, the indent for Arrack must be countersigned by the Deputy Inspector General of Hospitals, and the issue must be paid for by the men consuming it.

68. **ISSUE OF SPIRITS AT SEA.**—When spirit is shipped for issue to European troops at sea, the Officer Commanding the troops on board, or where there is no Officer, the Commander of the vessel should be instructed to keep a register of daily issues, and to deliver the same with his accounts to the Commissariat Officer at the port of disembarkation. All spirit served out to troops on board-ship is to be diluted with three times its bulk of water.

### Malt Liquor.

69. **SUPPLY OF MALT LIQUOR.**—Ale and Porter are imported from England, and kept under charge of the Commissariat Department, at the risk of the State, for issue to canteens of European corps.

70. **ISSUE ON PAYMENT.**—When malt liquor is sold to corps, detachments, or canteens in cantonment, or on the line of march, wholesale or retail, the Commissariat Department will receive at the time of issue the value of the same.

71. **PRICE.**—The contents of each hogshead of malt liquor should be reckoned at 52 Imperial gallons, which, at three annas per quart or one and half annas per pint, would realize Rupees 39-0-0 per hhd., at which rate the Commissariat will supply canteens, each cask being filled to the bung.

72. **RETAIL ISSUE BY COMMISSARIAT.**—Where there may be no canteens, the Commissariat will arrange for issuing malt liquor at the fixed retail price of three annas per quart, and one and half annas per pint, and no man is allowed to purchase more than one quart daily, and only one dram of arrack in addition. Non-Commissioned Officers of Departments, &c., entitled to liquor, will draw the same once a week, instead of monthly. These issues to be made on indents.

G. O. G., No. 7 of 1855.

G. O. C. C., No. 2 of 1862.

73. **NO LIQUOR IS TO BE ISSUED BEFORE DINNER.**—No issue will be made before the men's dinner hours.

G. O. C. C., No. 127 of 1865, p. 265.

74. **COMMANDING OFFICERS RESPONSIBLE FOR UNAUTHORIZED ISSUES.**—In the event of Commanding Officers ordering the issue of liquor in excess of the authorised allowance in cases of emergency, they will be responsible for the same, until sanctioned by competent authority.

G. O. C. C., No. 57 of 1862.

### Rations of Native Troops.

75. **RATIONS ONLY ISSUED SPECIALLY.**—Under ordinary circumstances, native troops are not entitled to be provided with rations, but these will be issued to them *gratuitously* while proceeding on duty by sea, from port to port on the coast, or on foreign service, or when serving beyond sea.

76. **FIELD SERVICE.**—Whilst on field service, in localities where the local markets are unable to supply them, native troops are entitled to draw rice from the Commissariat at certain fixed rates, the value to be recovered from their pay.

77. **RATIONS FOR NATIVE PRISONERS.**—Rations are not, as a general rule, to be drawn for Native Officers and soldiers imprisoned under sentence of courts-martial, *when on foreign service* or beyond sea, who forfeit pay, &c. Persons of the description mentioned in the second clause of Chapter V., Article 54 of the Indian articles of war, are to be subsisted out of their pay in the same manner as Europeans. For Native Officers and Soldiers, the regulated subsistence allowance is to be drawn; but, whenever this allowance is found insufficient to maintain them in health, the ordinary rations (with the exception of tobacco) may be drawn for them.

78. **SUBSISTENCE ALLOWANCE.**—For Native Officers or Soldiers confined in regimental guard-rooms under sentence of court martial when *not* on foreign service, the usual subsistence allowance of two annas per day is to be drawn from

G. O. G., No. 140 of 1862, and G. O. C. C., No. 118 of 1864.

the Pay Department, but when this sum is certified by Commanding Officers to be insufficient to maintain them in health, the scale of rations in para. 80 (except tobacco) may be drawn from the Commissariat.

79. FIREWOOD FOR COOKING.—When native prisoners either on home or G. O., No. 901 of foreign service are under the above rules, rationed by 1865, M. D. the Commissariat, 3 lbs. of firewood per man will also be issued for cooking the same.

Pay Code, p. 84. 80. RATIONS ON FOREIGN SERVICE.—Rations are G. O. C. C., Nos. 64 issued to the native troops and public followers, when of 1855, 88 of 1857, on service beyond sea, according to the following table; and 58 of 1863. full rations are also allowed to recruit, pension, and bellows boys above the age of 16 serving in the Straits and Burmah.

ARTICLES.	Quantity.			Value.		
	lb.	oz.	dr.	Rs.	A.	P.
Rice ... ..	2	0	0	0	1	$\frac{1}{2}$
Dhall ... ..	0	3	0	0	0	1
Salt ... ..	0	0	12	0	0	$\frac{1}{2}$
Ghee ... ..	0	2	0	0	0	$6\frac{1}{2}$
Tobacco ... ..	0	1	4	0	0	$1\frac{1}{2}$
Turmeric.. ...	0	0	2	0	0	$\frac{1}{2}$
Total...				0	1	10

81. Arrack for native troops.—Rum or Arrack will not be issued by the Commissariat to native troops either in Burmah G. O., Nos. 3,539 of 1864, and 3,887 of 1865, M. D. or elsewhere, unless specially recommended by the Medical Officer in charge, and then only on its being fully proved that wholesome liquor is not to be had in the shops licensed by the Abkarry department. When on these occasions the issue is extended *beyond* a month, a report will be submitted monthly, explaining the necessity for the continuance of the issue.

### Barrack and Hospital Accommodation.

82. Space in Barracks and Hospitals.—Every room in barracks and hospitals, &c., shall have the use for which it is intended, G. O. C. C., No. 111 of 1st Dec. 1864. and the number of men that should be quartered therein, conspicuously marked over the door-way, and all other Military Buildings shall in like manner be marked by having the use for which it was built, painted on it.

83. No alteration in this appropriation will be permitted without sanction from Head Quarters. The Public Works Department have authority to mark the buildings.

G. O. C. C., No. 111 of 1st Dec. 1864.

84. BUILDINGS TO BE MARKED.—Every building occupied in the manner for which it was intended, shall have outside of it, its use painted in large characters, such as “Barracks,” “Hospital,” “Commissariat Stores,” &c. The different apartments in buildings occupied by Troops shall be separately numbered, and inside over the door-way, on the wall, the subjoined form is to be painted in black :—

G. O. C. C., No. 90 of 27th July 1865.

BARRACK No. 1.	
Room No. 3.	
Cubical space—	.....Superficial area.—
Number of men to be accommodated.—	

Designation Boards to be provided by the Department of Public Works.

85. REGISTER OF BUILDINGS.—A Register of every building showing the purpose for which constructed, and the number of men who can be accommodated in each room in barracks, and hospitals, shall be kept in the office of the Station Staff Officer, and of the office of the Quarter Master General's Department of Divisions.

G. O. C. C., No. 111 of 1st Dec. 1864.

86. Buildings unavoidably misappropriated are to be marked according to the purposes for which they were built, not according to the misappropriation. The number of men they would contain, if rightly occupied, should be left blank until the misappropriation has ceased, when it should be entered.

G. O. C. C., No. 90 of 27th July 1865.

87. MISAPPROPRIATION OF BUILDINGS.—The misappropriation of barrack accommodation occurs in two ways.

G. O. C. C., No. 111 of 1st Dec. 1864.

*First.*—When a building, which has been constructed for a particular purpose, is made use of for another, this other falling within the authorized scheme of accommodation, as for instance, when a barrack-room is set apart for School, a Guard-room, or Canteen.

*Second.*—When a building is made use of for some purpose which does not fall within the recognized scheme of accommodation ; for instance, when a barrack-room is fitted up as a Theatre, an Institute, or Coffee Shop.

88. Those of the first description are often in some degree necessary owing to incompleteness of accommodation ; but no alteration in this appropriation can be permitted without superior authority. Officers Commanding Divisions or Forces are permitted to make temporary arrangements when necessary for periods not exceeding three months, reporting the same immediately

to the Quarter Master General, for the information of the Commander-in-Chief, but for any change for a longer period, the sanction of Government must be obtained.

89. Misappropriation of the second description can only be allowed under the authority of Government.

90. NEW BUILDINGS TO BE MARKED.—Every new building handed over G. O. C. C., No. 90 by the Public Works Department to the Quarter Master of 27th July 1865. General, shall be marked as above, before it is transferred.

91. SPACE IN BARRACKS.—In the plains every man is to have ninety superficial feet, and at hill stations seventy-five superficial feet allotted to him in Barracks.

G. O. C. C., No. 2, 3rd Jan. 1869. 92. SPACE IN HOSPITALS.—The following is the allotment of space in Hospitals, and convalescent wards:—

*In European Hospitals.*

In the plains, 120 superficial feet.

At hill stations, 102 superficial feet:

*In Native Hospitals.*

99 superficial feet.

*In Lock Hospitals.*

European and East Indian women, 100 superficial feet.

Native patients, 60 superficial feet.

93. CONVALESCENT WARDS.—In Convalescent Wards the area is to be computed at 90 superficial feet per bed.

94. SPACE IN STANDARD BARRACKS AND HOSPITALS.—The amount of superficial space herein laid down for Barracks and Hospitals, is enjoined to be observed in all buildings whether old or new. In new buildings erected according to standard plans the cubical space will be as follows:—

Barracks, plains ... .. 1800 feet.

„ hills from 1200 to 1400 „

Hospitals, plains ... .. 2400 „

„ hills ... 1600 to 1800 „

Native Hospitals ... .. 1500 „

95. NATIVE TROOPS.—Native troops are not provided with Barrack accommodation, except in British Burmah. The space per man has not been defined.

96. Space in Tents. EUROPEANS.—The Government of India has sanctioned the issue of Camp Equipage to European Troops of all Branches of the Service in the proportion of one Tent, European, for every 16 men.

Camp Equipage.  
G. O. C. C., No. 51,  
3rd May 1865.



G. O. G., No. 280 of  
1862.

97. NATIVES.—Tents, Native, are allowed according to the following scale :—

	Horse Arty.	Cavy.	H. F. Bat.	Inf.	G. Lascars.	Sappers.	Recruits.
On ordinary march	20	20	25	25	25	20	25
On Field Service	15	15	20	20	20	15	20

98. **Hutting of Native Troops.**—Public quarters not being provided for the accommodation of Native Troops in garrison, an allowance is granted under certain defined rules to all native effective, and non-effective troops, to puckallies, bheasties, Hospital Assistants, and Medical Pupils, including those permanently attached to European corps.

99. The assistance of Government in granting hutting money, is to aid the sepoy, and is not intended to relieve him from the duty of providing his own shelter, which has always been one of the conditions of his service. The only circumstances under which Government will take on itself the whole expense of providing quarters for native troops, are for those who are quartered within fortified posts, and at places where details are temporarily detached and often relieved. All such cases should be referred to the Government in order that each should be dealt with on its own merits.

100. **HUTTING RULES.**—The following rules are to be observed by Officers in taking up ground for the construction of lines in permanent cantonments, for Native corps :—

(a.) The huts or lines shall run in streets at right angles with the front of the corps, their gable ends being parallel to it: they shall be divided into Wings, and each Wing sub-divided into four rows of huts for Cavalry, and six for Infantry.

(b.) The row of huts of the native ranks on the flank of each Wing shall be single; the remainder double.

(c.) The double rows of huts shall occupy a space of sixty feet, the single rows thirty.

(d.) Each row shall be divided by a street fifty feet broad; each Wing by a street sixty feet broad, and a street of the same dimensions, viz., sixty feet shall run through the centre of the hutting ground, parallel to the front of the line, and equi-distant from the front and rear.

(e.) The space between the hutting ground and the bazaar shall be 300 feet, which shall also run parallel to the front of the line.

(f.) The Bazaar shall consist of two rows; each row shall be thirty feet in breadth, and divided by a street fifty feet in breadth.

(g.) The space allowed for the hutting of each rank is as follows :--

Subadar	...	...	...	...	...	30 by 40 feet.
Jemadar	...	...	...	...	...	30 „ 30 „
Farrier, Trumpet, Drum, Bugle, and Fife Majors, and Havildar Majors, Havildar and Darogah of Artillery	...	...	...	...	...	30 „ 20 „
Farrier, Trumpeter, Drummer, Bugler, Fifer, Hos- pital Assistant, Naigue, and Choudry of Artillery.	...	...	...	...	...	30 „ 16 „
Private, Puckally, Lascar, Dhoby, Barber, and Driver of Artillery	...	...	...	...	...	30 „ 13 „

(h.) The height of the centre walls of each hut to be thirteen feet, and that of the side walls eight feet. The verandah beyond the side walls being the slope down to four feet.

(i.) The drainage of lines should be systematically effected, and special care should be taken to ensure all water and sewage being discharged at a distance from the lines, and from the vicinity of adjacent wells, tanks, or reservoirs. When stone is abundant, all the large street drains must be of stone masonry of V shape. The angle of these drains should be closed in the cement, and to ensure cleanliness, they should be flushed daily.

### Ventilation and Cooling.

101. **Punkahs.**—All Barrack-rooms, Hospitals, Libraries, Canteens, and guard-rooms in the occupation of European troops, with the exception of those in Mysore, and Hill stations, will be provided with punkahs at the expense of the State, to be pulled night and day, during such period of the hot season, as may be certified by the officer commanding the station to be necessary.

102. **PUNKAHS AND TATTIES, FAMILY QUARTERS.**—Kuss-kuss tatties, Punkahs and punkah-pullers, supplied at the expense of the State, to the Barracks of European Regiments and Batteries at the Stations noted in the margin, will also be supplied to the Family quarters at each of the said Stations, for such period, during the hot season, as may be certified (by the Commanding Officer) to be necessary.

103. **Night Tatties.**—Tatties are allowed during the night for Barracks, Hospitals and cells, whenever at 9 P.M. the thermometer indicates a temperature of, or in excess of 95° Fahrenheit. The establishment must be discharged when for two consecutive nights the temperature falls below that degree.

G. O. G., Nos. 117  
and 223 of 1848.  
No. 84 of 1849  
No. 133 of 1854.

Fort St. George,  
Bellary, Kamptee,  
The Mount, Secun-  
derabad, Poonamal-  
lee, Trimulgherry,  
Trichinopoly.  
G. O. G., No. 165 of  
16th April 1867.

G. O., No. 3,153 of  
1869, M. D.

**104. Soldiers' Gardens.**—Soldiers' Gardens are of two kinds—

(a.) **Regimental**—worked by the men entirely, at fixed rates, or by G. O. C. C., No. 89 Natives under regimental supervision, and supplying of 13th July 1868. vegetables for the Commissariat Department or local market; these should be at a convenient distance from the Barracks.

(b.) **Company**, or small plots in the immediate vicinity of the Barracks—worked solely by the men themselves for their own amusement and benefit.

**105. DISTINCTIONS TO BE OBSERVED IN CORRESPONDENCE.**—These distinctions, “Regimental” and “Company,” will be observed in all correspondence.

**106. SELECTION OF SITES AND PREPARATION OF THE GROUND.**—In order to prevent any future objections being raised, either by Medical Officers or Officers of the Public Works Department, to the sites selected for gardens, they are to be chosen by the Cantonment Committee; and the Executive Engineer must state on the report whether there is any departmental objection to the site or sites.

**107. SUPPLY OF PRODUCE TO COMMISSARIAT DEPARTMENT.**—As a first step towards the provision of vegetables for the troops, recourse is to be had to Regimental Gardens, it being the desire of Government to give these gardens every reasonable encouragement.

**108.** In furtherance of this object, Executive Commissariat Officers will, in the first week of January of each year, furnish Officers commanding stations with a memorandum, showing the probable quantity of vegetables that will be daily required for European Troops during the ensuing official year.

**109.** On receipt of this memorandum, Commanding Officers will ascertain from Officers Commanding European Corps, the extent to which the gardens are likely to furnish the quantity required; the several kinds of vegetables that can be supplied in each month of the year, and the price at which, in their opinion, payment should be made.

**110. FORMATION AND ASSEMBLY OF COMMITTEES.**—On the above information being obtained, Commanding Officers

To be composed as follows :—

*Head Quarter Stations.*

Senior Medical Officer H. M.'s

Forces to be in attendance.

Executive Commissariat Officer.

A Field Officer or Captain.

*Out Posts.*

A Field Officer or Captain.

An Officer in charge of a Troop or Company.

A Medical Officer to be in attendance.

of stations will assemble Committees to determine the articles that should be taken from the gardens during each month of the year, and to fix the prices to be paid for the vegetables; due consideration being given by the Committee to the interests of the Soldier, and to the prices locally prevailing for the description of articles recommended by the Committee.

111. If it shall appear that these gardens are capable of supplying only a portion of the vegetables required, or that the gardens cannot be depended on to supply any, Committees will determine what description and quantities of each kind, reported to be obtainable from other sources during each season, should be issued in the several months.

112. The proceedings of Committees, on being closed, are to be made over to Executive Commissariat Officers, who will arrange for the supply of the articles recommended by Committees to complete the quantities which the Soldiers' Gardens may be unable to supply.

113. **Bedding of troops.**—A Regiment arriving in India is, on landing, supplied with full bedding; but should a Corps arrive late in the season, the supply for the year due on the 1st October following, is only issued in addition, when certified by a Committee to be necessary.

114. **BEDDING OF TROOPS AT SEA.**—All troops proceeding to England, including Invalids and time-expired men, are allowed each a hammock with bedding and pillows, and two English blankets, with five spare blankets per 100 men for use on boardship, to be provided by the Commissariat Department. The old bedding in possession is to be disposed of by the men before they embark. No old bedding is to be permitted to be taken on board.

115. The annual bedding issuable in October will not be supplied to troops about to proceed Home in the ensuing cold-weather.

116. **STRAW FOR PALLIASSES.**—Government sanctions the issue of two Palliasses (with 20 lbs. of straw to each) for each cot, whether iron or wooden, in use with European Troops.

117. **Recreation.**—Provision for the following buildings in connection with the barracks of each European corps is sanctioned :—

I. **FIVES COURT.**—A double Fives Court for each Wing on an improved plan, one Court in each Wing to have a back wall to admit of its being used for racket playing.

II. **SKITTLE ALLEY.**—A double Skittle Alley in each Wing, one of each to be of sufficient length to allow of the American bowl game.

III. **GYMNASIUM.**—A Gymnasium according to the English plan, of the 4th class as far as practicable.

IV. **SWIMMING BATH.**—A Swimming Bath for each Wing for men, raised above the level of the ground to admit of complete natural drainage.

V. The same for each Wing for the men's families.

VI. WORKSHOPS.—Accommodation for Workshops.

VII. READING AND REFRESHMENT-ROOM.—A reading-room with Presses for Books, a Recreation-room and Regimental Refreshment shop, all under the same roof, but the latter at one end, separated entirely from the rest of the building by a partition wall, and having a separate entrance.

VIII. CRICKET GROUND.—A Cricket ground to be railed in and turfed by Government.

IX. SERJEANTS' MESS.—A Serjeants' mess with Reading and Recreation-rooms in a central position, convenient to the Staff Serjeants' quarters, or in the case of Batteries of Artillery, or other bodies of men, under the same roof as the Staff Serjeants' quarters.

X. MUSKETRY INSTRUCTION-ROOM.—A Musketry Instruction-room.

XI. WOMENS' DAY-ROOM.—A Woman's day-room for each Wing.

### III.—Marching of Troops.

118. **RULES FOR THE PREVENTION OF CHOLERA.**—Prior to the march of troops, it should be ascertained whether cholera prevails  
G. O. C. C., No. 11 of 22nd Jan. 1866. on the road.

119. **SELECTION OF CAMPING GROUNDS.**—Particular attention must, at all times be given to the selection of encamping ground, for which, whenever practicable, elevated and dry situations should be chosen, sufficiently removed from the village or town, and from the influence of swamps or pools of stagnant water. The banks of rivers are to be avoided. Officers are strictly enjoined never, under any circumstances, to encamp upon ground, however inviting it may appear, where cholera has shown itself in a preceding Corps or Detachment.

120. **MEDICAL OFFICER TO BE CONSULTED.**—Officers Commanding Corps or Detachments in movement, are to consult with the officer in medical charge, regarding the healthiness of the site upon which they propose encamping, and in such cases officers are to be guided by medical opinion, unless they shall see weighty reasons for setting it aside, which are at once to be reported to the Quarter Master General for the information of the Commander-in-Chief.

121. **When Epidemic cholera appears.**—In the event of the troops or followers being attacked by sickness, it is directed that the greatest attention be paid to the selection of encamping ground; that it be high, dry, and clean; and this, it is considered, may generally be found at some slight sacrifice of convenience, with respect to water and supplies, which, however in the case supposed, must be looked upon as of minor importance.

122. **TOWNS AND VILLAGES TO BE AVOIDED.**—Officers whose camps may be attacked by cholera, are strictly enjoined to avoid encamping near towns or villages, and to allow no further communication with the inhabitants than may be absolutely necessary for the supply of provisions, and this under such restrictions, as may confine it to the healthiest part of the camp.

123. The same rules are to be followed when passing through a district, or through a town or village in which the disease may exist.

124. **HALTS, OR SHORT MARCHES AND DIVISION OF CAMP.**—In cases where the violence of the disease may render the measure necessary, Officers will halt altogether on any eligible spot within reach, or merely move their camp for change of air, and clean encamping ground, until it may appear advisable to move on. Whenever practicable, the Corps or Detachment should be broken up into as many divisions as can be properly provided with medical aid, and separate encampments formed, one or two miles apart, measures being taken to prevent communication.

125. **DAILY REPORTS.**—So long as cholera exists in camp, a daily report of cases and deaths is to be forwarded to the Quarter Master General; Europeans and Natives are to be separately shown, and the names of all European Officers attacked or deceased, are to be reported.

126. **COUNTRY COTS.**—In cases of extraordinary sickness, Officers Commanding Corps and Detachments are authorized to indent upon Collectors, or the Commissariat Department, for such number of country cots as may be absolutely necessary.

127. **REGIMENTS TO MOVE BY WINGS, WHEN PRACTICABLE.**—When sufficient medical aid is available, and there is no military necessity for marching entire, Regiments will march by Wings, at an interval of ten days.

128. **WASHING AND PURIFICATION OF CLOTHES.**—On every occasion of a halt, orders should be issued and enforced for a thorough washing of all the clothes and for the complete purification of the carts, and the matting which forms the hood of the carts. Officers commanding are especially enjoined to see that these instructions are rigidly carried out, as it has been proved by experience that this is one of the most effectual modes of preventing cholera or of mitigating its attacks. In the Progress Report, it should be noted that this has been done. Care should be taken that the water used for this purpose is not that used for drinking. A guard should be invariably placed over the latter to prevent its contamination.

129. **DIVERGENCE FROM ROUTE.**—Should cholera attack the Regiment, it is desirable that a divergence from the road of four or five miles should be made, at right angles to the prevalent wind, or track of the disease. But this will

seldom be practicable on account of the want of supplies on a road on which notice has not been given.

130. **Conservancy of Camps.**—With a view to preserving the conservancy of camps and encamping grounds, the Commander-in-Chief directs that the system shall be adopted in camp, as is the practice in all Military Cantonments, the main principle of which is, the daily burial of all refuse matter.

131. **TRENCHES FOR LATRINES.**—It is established as a standing order among all European Troops moving in course of relief, or otherwise, that two trenches, each two feet deep, two feet wide, and fifty feet long, are to be dug by coolies to be employed for the purpose, at a distance of 120 yards from the ranks of each encamping ground, the inward flanks of such trenches to be 120 yards from the outward flanks of the camp, that is, in *echelon*; but should the nature of the ground prevent their location according to this rule, the same principle for their location is to be observed, that is, they are not on any account to be directly in front or rear of the camp, but in *echelon* on their flanks, being so placed that the prevailing wind is not to carry the effluvia to the camp; these trenches are never to be in such proximity to wells as to make percolation to the water possible.

132. **LATRINE TRENCHES TO BE DUG DAILY.**—The Quarter Master, or whoever is entrusted with the formation of the encampment, is to see that this arrangement is made daily at the advance ground before the arrival of the troops, and a flag or other mark should be placed to show the position of the trenches, one of which is to be allotted for the European soldiers, and the other for the Native camp followers, &c., of a British Regiment: the same *principle* is also to be strictly enforced for Native Regiments, Cavalry or Infantry, on the march. Officers commanding are to allot a certain site or position in the vicinity (but not too close) of each encamping ground for the use of the Native soldiery and camp followers. The practice of defiling the ground *on all sides* of the camp must be strictly prohibited.

133. **TRENCHES TO BE FILLED WITH EARTH, AFTER USE.**—These trenches are to be thoroughly filled in with earth by coolies, before the rear guard quits the ground, and for those duties the coolies should be properly divided between the advance and main camps, and the Officer on duty with the rear guard is to be required to report to the Commanding Officer that the trenches have been so filled in, and in the case of Native Troops, that the “sites” specially selected have been properly cleaned.

134. **ENCAMPING GROUNDS TO BE CLEANED AFTER USE.**—The Commanding Officer of every Regiment or Detachment on the march, is required to place himself in direct communication with the Tahsildar, or other responsible Native

functionary at each encamping ground, to arrange that effectual measures are adopted by the Native local authorities for thoroughly sweeping and cleaning the whole area of each encamping ground immediately it is cleared of the camp, as well as the "sites" above referred to, and for burning or removing to a suitable distance all collections of stable litter or refuse of every kind, &c., so as to make the ground perfectly fit for re-occupation by any troops marching by the same route.

135. **ADDITIONAL TRENCHES FOR STANDING CAMP.**—In the event of troops forming a standing camp for exercise or other duties, or halting more than the ordinary time at any camp ground, an additional deep trench should be dug at a distance of at least 200 yards from the camp, and to leeward of it, on the same conditions as the first trenches, for the reception of filth twice every day, coolies removing it from the camp trenches before mentioned, and depositing it in the deeper and distinct trench as is done from the latrines in Cantonments, and covering over with earth each day's accumulation.

136. **Quality of drinking water.**—Inquiries are also to be made by the Quarter Master, or other responsible Officer of the Regiment, at each advance ground, from the Native functionaries, as to whether the well water has been recently drawn, and the water in a state fit for use for drinking and other purposes; if not, effectual arrangements must be made for rendering it so before the arrival of the troops on the encamping ground.

137. **PROGRESS REPORTS.**—In the Progress Reports furnished by Regiments to the Quarter Master General of the Army, a note is in future to be entered, that these orders have been strictly carried out.

138. **LABORERS TO BE SUPPLIED BY LOCAL AUTHORITIES.**—The coolies to be employed are to be supplied by the Native local authorities, on the requisition of the Commanding Officer, in such numbers as may be actually required. Payment will be made on Contingent bills vouched in the usual manner, and forwarded to the Quarter Master General to be disposed of, as are all other contingent expenses on a march. The requisition for the coolies should be made by the Commanding Officer at the same time that he furnishes the Civil authorities with the indent for supplies.

139. **WORKING PARTIES.**—In the event of difficulty being found in supplying coolies, a working party from the Regiment must be told off to dig the trenches, and fill them with earth, but not to remove the excreta. Regimental intrenching tools are to be used.

140. **ENCAMPING GROUNDS TO BE PLOUGHED AFTER CHOLERA.**—All encamping grounds, used as Cholera camps, are to be ploughed immediately after the troops have quitted them.

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141. **NOT TO BE RE-OCCUPIED FOR TWELVE MONTHS.**—Cholera encampments after being ploughed up are not, except when unavoidable, to be re-occupied within twelve months. The ground, especially latrine trenches and such like, within the limits of an encampment, is not to be disturbed during occupation, but all refuse, &c., is to be buried at a distance of at least five hundred yards.

142. **Burial Grounds.**—In all encamping grounds, whether “Cholera” or otherwise, a portion of the ground in the right rear angle 30 by 30 yards (or in very small encamping grounds 30 by 20 yards) will be *clearly marked off and kept so*, to be used, if necessary, as a burial ground.

143. **CONSERVANCY OF CAMP BURIAL GROUNDS.**—Whenever it is necessary to inter a corpse in any encamping ground, immediate notice should be given by the Commanding Officer to the Chief Civil authority of the District, and to those on the spot; and Government will be requested to provide for such grounds being *at once* neatly enclosed by a good hedge, or other fence,—as may be most convenient with reference to the locality—with a wicket for entrance; and also for the ground and its enclosure being thenceforward properly cared for.

144. **Families on the march.**—The following arrangements are ordered with reference to the movement of the families of troops, European and Native.

145. **FAMILIES MAY PROCEED IN ADVANCE.**—Officers Commanding Regiments are allowed the discretion of sending the families in advance of the men in the afternoon, or of suffering them to follow the Regiment, but the former course is to be preferred when it can be adopted without inconvenience.

146. **WORKING PARTY TO ACCOMPANY.**—If the road is good, and the obstruction of rivers, &c., does not occur, the families may generally arrive soon after the Regiment on the ground. When it is otherwise, it is better that the families should precede the men. But in either case, the Regimental Artificers and a strong working party from the Regiment, under a Non-Commissioned Officer, should accompany the carts to assist them in case of need.

147. **CAMP TO LEEWARD.**—The Quarter Master of the Regiment will mark out on the new ground a site for the families to leeward of the ground chosen for the camp of the men, and at some distance from it. Crowding of the carts should be prohibited, and the bullocks should be removed to the rear. No carts ought to be allowed to leave the camp during the night, as they create disturbance and obstruct the road for the Regiment in the morning.

148. **IMPROPER FOOD PROHIBITED.**—The Officer Commanding will take particular care that unripe fruit and other sources of disease, are not sold in the camp, nor brought to it. Frequent inspection of the bazaars should be ordered.

149. **ATTACKS OF DIARRHŒA TO BE REPORTED.**—In order to maintain men and families in health, they should be encouraged to eat heartily, and to bring to speedy notice any attacks of Diarrhœa or any premonitory symptoms of cholera, however slight.

#### **IV.—Sanitary Regulations for Field Service.**

150. **INSPECTOR GENERAL TO APPOINT SANITARY OFFICER.**—Whenever an H. M.'s Medical Regulation, p. 82. Army is about to take the Field, the Inspector General, Indian Medical Department, shall recommend for appointment a competent Sanitary Medical Officer, to be attached to the Quarter Master General's Department, as Sanitary Officer to the Army.

151. **SANITARY INSTRUCTIONS.**—Instructions shall be issued to the Principal Medical Officer and Sanitary Officer of every Army on active service, for their guidance, on all matters connected with rations, clothing, shelter for troops, sanitary arrangements and precautions for preventing disease, in addition to any printed regulations or instructions on the subject, as may be necessary to meet the specialties of each case.

152. **SANITARY OFFICERS TO MAKE INSPECTIONS OF BUILDINGS, AND TO ADVISE QUARTER MASTER GENERAL.**—The Sanitary Medical Officer shall accompany the Quarter Master General, or such Officer as he may appoint, in selecting buildings for occupation by troops, whether as hospitals, quarters, or stables. He shall examine into their sanitary condition, as respects cleansing, nuisances, drainage, ventilation, lighting, water supply, lime-washing, cubic contents, and into all other matters connected with such buildings as are likely to affect the health of the troops or of sick; and he shall advise the Quarter Master General, or his deputy, on all such subjects, sending copies of all reports he may have considered it necessary to make, to the Principal Medical Officer of the force. The Sanitary Officer shall point out in his reports every sanitary defect requiring removal, and the number of troops or sick which can be safely accommodated in the buildings.

153. **ALSO OF TOWNS AND VILLAGES.**—The Sanitary Medical Officer shall further examine into the sanitary condition of towns or villages about to be occupied, and their neighbourhood; and he shall make recommendations for organizing a proper sanitary police, to preserve cleanliness and for removal of nuisances, as well as for the execution of such sanitary measures as he may consider necessary for protecting the health of troops in occupation.

154. **INSPECTION OF CAMP SITES.**—Before selecting any site for an encampment, the Sanitary Medical Officer, on being directed by the Quarter Master General to do so, shall accompany him, or such other Officer as the Quarter Master General may appoint, on his inspection, and the Sanitary Officer shall give, in writing, his opinion on the salubrity or otherwise of the proposed position, with any recommendations he may have to make, respecting the drainage of the site for a camp, the preparation of the ground, the distance of tents or huts from each other, the number of men to be placed in each tent or hut; the state of cleanliness, ventilation, water supply; the position and regulation of latrines and slaughtering-places; cleansing and disposal of refuse; burial of the dead and of carcases of animals, &c.

155. **SANITARY OFFICER TO SUPERINTEND ARRANGEMENT OF CAMPS, &c.**—The Medical Sanitary Officer shall further superintend the sanitary arrangements of the camp and of occupied towns. He shall see that the surface and vicinity of camps and towns are kept clean and free from nuisances—that defects of the surface-drainage are remedied—that the dead are properly interred, and the carcases of animals and offal are properly buried, or otherwise disposed of—that latrines are properly regulated—that the water supply is preserved in a state of purity.

156. **TO RECOMMEND PRECAUTIONS FOR PREVENTING DISEASE.**—He shall inform himself as to the sanitary condition of hospitals, huts, tents, houses, and other buildings in occupation, and shall recommend, in writing, such precautionary measures for the prevention of disease as he may think fit, whether as regards cleansing, draining, prevention of overcrowding, ventilating, lighting, lime-washing, removal of nuisances, improvement in water supply, and on all other local matters affecting the health of the troops or the sick.

157. **PRINCIPAL MEDICAL OR SANITARY OFFICER TO GIVE ADVICE TO COMMANDER OF THE FORCES.**—The Principal Medical Officer, or Sanitary Officer, as the case may be, of every Army in the field, shall, on being consulted by the Commander of the Forces, give advice, in writing, on the composition of rations, clothing, shelter, sanitary arrangements and precautions for preventing disease, and on all other subjects bearing on the health and physical efficiency of the troops. Even where such advice is not requested, the Principal Medical Officer shall, nevertheless, send, in writing, to the Commander of the Forces, the fullest information on all these subjects, with such recommendations as appear necessary for protecting the health of the troops.

158. **PRINCIPAL MEDICAL OR SANITARY OFFICER TO ISSUE SANITARY INSTRUCTIONS.**—The Principal Medical Officer or Sanitary Officer of every Army in the field shall, with the sanction of the Commander of the Forces, imme-

diately on the opening of a campaign, as well as at such other times as may appear to him to be necessary, issue such instructions regarding sanitary precautions to be observed for protecting the health of the troops as he may consider requisite for the guidance of the Medical Officers.

159. PREVENTION OF DISEASE.—The Sanitary Officer shall keep up a continual daily inspection of the whole camp, and shall especially inform himself as to the health of the troops, and of the appearance of any epidemic disease among them, and he shall immediately, on being informed of the appearance of any such disease, examine into the cause of the same, whether such disease proceed from, or is aggravated by, sanitary defects in cleansing, drainage, nuisances, overcrowding, defective ventilation, bad or deficient water-supply, dampness, or marshy ground, or from any other local cause, or from bad or deficient food, intemperance, unwholesome liquors, fruit, defective clothing or shelter, exposure, fatigue, or any other cause, and report immediately to the Commander of the Forces on such causes, and the remedial measures he has to propose for their removal, sending a copy of all such reports to the Principal Medical Officer of the Army, and he shall report, at least daily, on the progress or decline of the disease, and on the means adopted for the removal of its causes, until it is no longer necessary to do so.

160. SANITARY REGULATIONS FOR TROOPS ON MARCH.—When troops are on the line of march, the Sanitary Officer, the Principal Medical Officer, or any Medical Officer appointed by him specially for such duty, or the Regimental Surgeon, as the case may be, shall accompany the Quartermaster-General or the Officer acting under his orders, and collect as much information as possible as to the Medical topography of the district, with special reference to places which ought to be selected or avoided for camping grounds.

161. PRINCIPAL MEDICAL OFFICER TO REPORT TO INSPECTOR-GENERAL.—The Principal Medical Officer and Sanitary Officer of every Army in the field, shall send to their departmental superior, at such intervals as may be determined, full information on all subjects connected with the hygiene of the Army, together with such recommendations for improving this service as the Principal Medical Officer or Sanitary Officer may consider requisite.

162. MEDICAL OFFICERS TO REPORT.—All Medical Officers in charge of General Hospitals, Divisions, and Brigades in the field shall transmit to the Principal Medical Officer of the Army, for the guidance of the Sanitary Officer, full information as to the sanitary state of the troops and hospitals, and on all matters affecting the health and physical efficiency of the men, at such intervals as the Principal Medical Officer may appoint.

163. SANITARY OFFICERS TO REPORT.—Sanitary Officers attached to any Army in the field, or to any General Hospital, at the base of operations, shall

draw up a weekly Sanitary Report on the state of the Army or Hospital, to be sent to the Principal Medical Officer of the Army, for the information of the Commander of the Forces.

164. **SANITARY POLICE.**—In all occupied towns or villages a Sanitary Police, properly organized, should be provided to carry out, from day to day, such precautionary measures as may be pointed out by the Sanitary Officer who should be instructed to make periodical sanitary inspections and reports.

165. The Quartermaster or Assistant Quartermaster-General of the Forces should receive, and take into immediate consideration, all reports and recommendations made to him, in writing, by the Sanitary Officer, respecting the health and sanitary condition of camps and occupied places, and should give effect to the same, unless Military exigencies should make it undesirable, in which case the Quartermaster or Assistant Quartermaster-General, as the case may be, should state his reasons for non-compliance with the recommendations of the Sanitary Officer, in writing, and transmit the same to the Commander of the Forces.

166. **DUTIES HOW PERFORMED WHEN THERE IS NO SANITARY OFFICER.**—When it has not been considered necessary to appoint a Sanitary Officer, the Principal Medical Officer, or, in case of single Regiments, the Regimental Medical Officer, will discharge the duties of Sanitary Officer; and Assistant and Deputy Assistant Quartermasters-General of Divisions, and Brigades, and Quartermasters of Regiments, being responsible for the sanitary condition of their camps, should comply with the recommendations made to Commanding Officers by the Principal Medical Officer or Regimental Medical Officer, as the case may be, on all matters contained in the preceding instructions.

### V.—(a.) Epidemic Cholera.

167. **CHOLERA IN CANTONMENTS OR MILITARY STATIONS.**—Immediate information by telegraph, if possible, is to be given by Civil and Military Officers to the adjacent Military stations, whenever cholera occurs among them, in order that marching and travelling may be put a stop to, and that other stations

G. O. C. C., No. 90 may be put on their guard against it. The telegraph of 1868. need not be used in reporting cases of choleraic diarrhoea.

168. **Disinfection.**—**BARRACKS AND HOSPITALS.**—When any case of cholera occurs in a Barrack or Hospital, even though it should be considered to be sporadic only, the room in which the disease has shown itself must at once be purified. The walls, floors and punkahs should be scraped and lime-washed; the wood-work should be painted; furniture, punkah fringes, and

ropes washed, and generally everything possible done for the complete purification of every building. Special care should be devoted to cleaning the latrines. The latrine, urinary, and wash-house used by the man who was attacked, should be instantly closed, and their use must not be permitted until they have been completely purified. The work of cleansing these buildings must be carried out without the least delay, in the most careful manner that can be devised. Chloride of Lime, Condly's Fluid, Carbolic acid, or McDougall's powder should be freely used. All filth and rubbish from the latrines must be buried at a distance, and all vessels used for their removal must be carefully cleaned at the place where the refuse is deposited.

169. **NATIVE HUTS AND BUILDINGS.**—Every Native hut or building in which a case of the disease occurs, or which there is reason to suspect may have been contaminated by cholera discharges, shall at once be fumigated with sulphurous acid (the fumes of burning sulphur), the floor to the depth of six inches should be dug up, the old earth buried, and fresh earth placed in it; the inside of the roof should be washed over with a solution of McDougall's powder or other disinfectant as above, and the walls smeared with fresh mud (leaped).

170. **PERMANENT FLOORING NOT TO BE DUG UP.**—Where the floor is not earthen, but of brick or other permanent construction, it should not be dug up, but washed with a disinfectant in the same manner as the ceiling.

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171. **EXPENSES OF DISINFECTION.**—The cost of purification is to be debited to Imperial expenditure.

172. It is not necessary that the whole of the buildings occupied by the troops should be subjected to the process of disinfection, but only those individual huts or barracks which appear likely to retain the germs of the disease.

173. **Removal to Cholera Camp.**—Whenever cholera occurs in a Cantonment, preparations should be made to move any part of the troops into the selected camps at the shortest notice, and if the disease threaten to manifest itself in any unusual degree or epidemic form, the body affected should be immediately moved into camp, and no unfavorable condition of the weather is to prevent this movement being carried out. The chief Military and Medical Officers on the spot are to consult as to the course to be taken, and the result should be communicated by telegraph to Head-quarters. If necessary, two or three camps should be formed, and additional Medical aid called for.

174. **PLANS OF CAMPS.**—Plans of selected cholera camps in the vicinity of each Military station are always available at the office of the Deputy Quartermaster-General, or Staff Officer of the Cantonment.

175. **FOUR CASES IN ONE WEEK CONSTITUTE EPIDEMIC.**—When four cases of cholera occur within one week, or shorter period, in the lines of a Regiment or a Barrack, a Jail or Civil Station, the disease is to be considered as epidemic.

176. **SICK TO GO INTO CAMP.**—The sick labouring under other diseases than cholera, unless the hospital be in a detached building, will move with the force, and share the benefit of removal from the choleraic atmosphere.

177. **DISCHARGES TO BE BURIED.**—It must be insisted on that all discharges from the stomach and bowels of cholera patients be instantly removed and buried in pits.

178. **DISINFECTANTS TO BE USED.**—Strong deodorants are to be thrown into the receiving vessels, as well as into the pits, latrines, and privies.

179. **MOVEMENT OF CAMP.**—Should cholera follow the troops, they will be removed short distances, at right angles, if possible, to the prevalent wind and track of the disease, every second or third day, care being taken that the marches in no way fatigue the men.

180. **AMUSEMENT AND OCCUPATION.**—The breaking out of cholera in a Regiment or at a station is, on no account, to cause the suspension of the soldier's daily amusements and occupations, care being taken that the latter in no way fatigue them; and Commanding Officers will use their utmost exertions to develop any recreation or employment of which the effect is to keep the men's minds in their normal state.

181. **INDULGENCE IN SPIRITUOUS LIQUORS TO BE AVOIDED.**—It often occurs that soldiers, on a visitation of cholera, indulge in the use of spirituous liquors, in the belief that they are a preventive against the disease. Commanding Officers are enjoined to use their utmost endeavours to prevent so baneful a practice.

182. **LOOSENESS OF THE BOWELS TO BE PROMPTLY REPORTED, AND MEDICALLY TREATED.**—The early treatment of premonitory symptoms, of which looseness of the bowels is a principal one, is most important. Commanding Officers are requested to give the most precise orders on the subject, and to cause all men affected by premonitory symptoms to be placed at once under medical treatment.

183. **Return to Cantonment.**—BARRACK AND HOSPITAL TO BE PURIFIED.—The troops are not to return to Cantonments until all traces of the cholera shall have disappeared from the neighbourhood, either amongst the European or Native population. The Barracks and Hospitals will be thoroughly fumigated, the walls white-washed, and the doors and window-frames painted, before they are re-occupied.

184. **PRECAUTIONS.**—The men will be supplied with hot tea and coffee before going out in the morning; they will invariably wear flannel belts, and all precautions must be taken to prevent their remaining in wet or damp clothes.

185. **DAILY REPORT OF CASES AND DEATHS.**—So long as cholera exists in Cantonments, or in the adjacent cholera camps among the troops, a daily report of cases and deaths is to be forwarded to the Quartermaster-General. Europeans and Natives are to be separately shown, and the names of all European Officers, attacked or deceased, are to be reported.

186. **Purification of tents used as Cholera Hospitals.**—Tents occupied as a Cholera Hospital should be disinfected by one of 1865. or other of the following gaseous disinfectants, chlorine, nitrous acid, or sulphurous acid, and subjected to the action of boiling water or of steam when boiling is not practicable, then pitched and exposed to the action of the sun and wind until thoroughly dried. The process of disinfection should be conducted before the return of the Hospital tents to Cantonments. If they have been used in Cholera camps, and if they have been used in Cantonments, it is desirable that they should be taken to some out-of-the-way, but airy, spot outside Cantonments, to undergo the process of washing subsequent to fumigation, which should be conducted before the tents are struck, wherever they may have been standing when in use.

187. **AS SMALL-POX HOSPITALS.**—During the prevalence of an epidemic of small-pox, or as long as fresh cases may be expected to occur, the tents should be disinfected on the spot each time that they are vacated, as directed above, and afterwards subjected to the action of boiling water, then pitched and exposed to the action of the sun and wind, and finally stored separately until required for the accommodation of small-pox patients. When they are no longer required for this purpose, they should be destroyed in the presence of a responsible and trustworthy person.

188. **OLD TENTS TO BE USED FOR SMALL-POX.**—None but old tents, or those nearly unserviceable, should be used for the cover of small-pox patients.

189. **Of private clothing.**—All articles of clothing belonging to persons affected by contagious diseases, and worn at the time of their admission to Hospital, shall, if practicable, be cleansed by exposing them to the fumes of sulphur, ignited over a charcoal fire, after which the articles of clothing are to be boiled for from half an hour to an hour. They are subsequently to be exposed to the air and sun for two or three days, when they should be packed away for subsequent use.

190. **DESTRUCTION OF CLOTHING.**—If from the number of sick under treatment, or any other certified cause, it may not be practicable to clean and



disinfect the clothing in the manner prescribed, it must be destroyed by fire in the presence of a Medical Officer.

191. **COMPENSATION FOR CLOTHING DESTROYED.**—Compensation will be allowed for clothing so destroyed, provided that it be shown that the expenditure was unavoidably required for the public safety. The Government will, however, require in each instance a full explanation of the circumstances making the destruction of the clothing necessary. But the destruction of bedding and body-linen is really a question of time, for in any given cases, if their destruction can be safely deferred till a convenient opportunity offers, the ground for expediency has ceased to exist, and the destruction of the poison in the washerman's boiler can be effected without the sacrifice of the clothes. To destroy accumulations of good but infected bedding and clothing, when it would be equally easy to boil them as to burn them, would be wanton waste.

192. **HOSPITAL BEDDING AND CLOTHING.**—Hospital bedding and clothing, used by patients affected with cholera and small-pox, are to be purified whenever practicable, in the manner laid down in Section II. paragraph 116. Should, however, the number of patients under treatment render the instant purification of the clothing impracticable, it must be destroyed by fire in the presence of a Medical Officer, who will be required to certify to the necessity of the measure.

193. **MATRESSES.**—Cair mattresses should never be used for patients laboring under contagious maladies. Palliasses stuffed with clean straw are more easily cleaned, and if they have to be destroyed, they can be re-placed at a comparatively slight expense.

194. **Reports to be made of destruction of clothing.**—In carrying out the foregoing orders, the Quarter Master General's, the Ordnance, and the Medical Departments, are to act in communication with each other; and no destruction of property is ever to take place without a full report of the same being forwarded from the Officer Commanding the station to the Commander-in-Chief, in whatever Department the transaction may occur.

195. **Disinfectants.**—The following instructions for the preparation of chlorine gas, nitrous acid and sulphurous acid, are appended :—

196. *Gaseous Disinfectants*—**CHLORINE.**—Chlorine gas may be procured by mixing three parts (by weight) of binocide of manganese with one part (by weight) of common salt. These should be placed in a large open vessel of glass or earthenware, capable of holding several times the quantity of the ingredients used, and acted upon by a mixture of two parts (by weight) of sulphuric acid (commonly known as oil of vitriol) and one part of water; or, one part (by weight) of the binocide of manganese may be mixed with two

parts of hydrochloric acid (commonly called muriatic acid.) The evolution of chlorine gas soon takes place, and will continue for some days if the operation be left to the chemical action of the ingredients alone. The application of a gentle heat, by means of a lamp or charcoal fire placed underneath the vessel, will facilitate the evolution of the gas, and complete the operation in a few hours. A vessel containing these ingredients should be placed in every room required to be disinfected, and the doors and windows must be carefully closed during the process.

197. **NITROUS ACID.**—Nitrous acid, in the form of vapour, has, in some instances, been successfully employed in checking the progress of fevers, and in disinfecting buildings and the interiors of ships. This acid may be obtained by pouring half an ounce (by weight) of nitric acid over an equal quantity of copper turnings, or the powder of starch. These quantities are sufficient to disinfect a room of ten feet in each dimension; and it is advisable, in larger apartments, to multiply the number of vessels rather than introduce larger quantities of the materials into one vessel, as the fumes given off might seriously affect the operator, who should retire as quickly as possible after the action has commenced. As in the case of chlorine, the rooms should be kept carefully closed for several hours.

198. **SULPHUROUS ACID.**—Sulphurous acid has also been found useful in arresting the progress of contagious disorders. This acid is produced in a gaseous form, when sulphur is burned in the air. It is also procured by heating sulphuric acid with copper filings, or powdered charcoal. For the purpose of disinfection, it may be prepared by melting one or two ounces of the flowers of sulphur or brimstone, in a pipkin or iron pot, and placing the vessel in the middle of the room to be disinfected. The sulphur should then be set on fire by means of a lighted match and allowed to burn out. The same precautions should be observed as in the cases of chlorine and nitrous acid fumes.

### **(b.) Instructions for Conducting an Enquiry into Cholera in India.\***

199 **SPECIAL ENQUIRIES REGARDING THE NATURE AND TREATMENT OF CHOLERA.**—The whole subject of epidemic cholera has obtained a new development from scientific investigations carried out in Europe; while the great losses, sustained by troops serving in India, have shown how little has been accomplished towards diminishing its fatality. Under these circumstances, it has been considered desirable that a special enquiry, in conformity with the following instructions, should be undertaken, with the view of ascertaining whether, with improved methods of research, any further information can be obtained regarding this disease.

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\* **NOTE.**—These instructions were drawn up by Army Sanitary Commission, and have been modified only so far as to be applicable to the duties of all Executive Medical Officers in India.

200. An investigation, such as the one contemplated, is beset with difficulty, and trustworthy results can only be arrived at slowly; but the final object is so important to the public interests as to afford sufficient justification for undertaking the work.

201. **Object of the Enquiry.**—The object of this enquiry is to ascertain by an investigation, as complete as our present means may enable us to carry out, what cholera is? What are its laws of origin and extension? What is the real nature of the pathological changes which occur in persons suffering from it? What are the best methods of treating the disease, and by what proceedings the ravages of cholera may be mitigated, or its progress arrested?

202. **Enquiry is practical.**—The enquiry is a purely practical one; and as it may lead to legislative measures involving interference with freedom of intercourse, and to a large expenditure of public money, as well as to considerable private sacrifices, no results can be accepted for practical use unless these are fully sustained by obvious facts.

203. The enquiry is not to be undertaken with the view of establishing any particular doctrine or hypothesis in regard to cholera, neither is it to be carried out from any central doctrine or hypothesis, round which the facts are expected to range themselves.

204. If any beneficial result is to follow from it, the enquiry must be pursued without prepossession, and with the single object of ascertaining what is true.

It is necessary to give this caution, on account of a natural tendency which has shown itself in dealing with a subject of such difficulty, to trace the manifold phenomena of epidemic cholera to some single cause, such as epidemic influence, water contagion, cholera excreta, unhealthy subsoil, cholera germs, and the like; and to build on single causes, or on hypothetical considerations, not only epidemic doctrines and pathological systems, but also methods of treatment and measures for arresting the ravages of the disease, at the risk of overlooking the real evils to be dealt with, and of inflicting suffering and loss by the execution of measures not adapted to the ends they are intended to serve.

No opinion or hypothesis, and no evidence, except such as is sufficient to prove the existence of uniformly operating causes of disease, can ever justify legislative action in public health questions, or the expenditure of public funds.

205. The following instructions are directed solely to ascertain facts, which, when arrived at, may indicate other points requiring examination. It is hoped that by following rigidly and experimentally this course of proceeding,

the time may arrive when all the phenomena of cholera may arrange themselves naturally under some general expression indicating the measures required for saving human life, and when the various and apparently contradictory phenomena of the disease may become self-interpreting.

206. It is not intended that all Medical or other Officers should undertake every detail in the following instructions. This course would be unadvisable, even if it were practicable. Medical Officers will at once perceive the points in which they can render efficient aid; and it is scarcely necessary to state that any Officer, who can communicate even a few carefully observed facts in his locality, will do more to advance knowledge than if he were to transmit conclusions or opinions founded on imperfect observations made over a large area of country.

207. It is proposed to arrange the enquiry as follows:—

**Statistical data.** *First.*—To obtain statistics of cholera as accurately as possible.

(a.) Those for the troops to be entered in detail by Regimental Surgeons at every station, whether for British or Native troops.

(b.) Those for prisons and other public establishments by Medical Officers attached to them.

(c.) Those for the civil population by the Sanitary Commissioner.

**Movement of cholera.** *Second.*—The facts regarding the movement of cholera and the sanitary condition of troops and stations where there are British and Native troops shall be given by the Administrative Medical Officers of the Circle or district.

Similar facts regarding prisons and other public establishments shall be given by the Medical Officers attached to them.

Meteorological observations should be supplied by existing Observatories, and by the Officers at stations in charge of meteorological instruments.

**Special investigations.** *Third.*—Special microscopic, physiological, topographical and chemical enquiries into the nature and causes of cholera shall be conducted—

(a.) In localities where cholera is endemic,

(b.) In localities always exempt from cholera,

by officers specially set apart for these enquiries.

Chemical analyses should be conducted by practised chemists.

*Fourth.*—Although, for the sake of uniformity and comparison, it is deemed advisable that special local enquiries should be undertaken by qualified observers, Medical Officers of Military and Civil stations, prisons, &c., are expected to undertake independent enquiries of this class to the extent of the means at their disposal. But it is not intended that they should feel themselves called on to do so if they have not the time or means.

*Fifth.*—The special enquiries will be carried out under arrangements made by the local Government, and all reports in connection therewith shall be sent, through the customary channels, to the Government of India for transmission to the India Office.

208. **Statistics of Cholera and Diarrhoea.**—Little that is reliable regarding epidemic diseases can be ascertained without accurate statistical information.

209. **INFORMATION REQUIRED REGARDING CIVIL POPULATION.**—There is no difficulty in obtaining information on this subject among British troops; but British troops constitute only a small part of the population attacked by cholera. Epidemics seize on all classes of population, and no trustworthy information can be obtained regarding the movement of epidemic cholera, except by including all classes in the same general statistical inquiry.

210. **CHOLEBA CHART FOR TROOPS, &c.**—The Statistical Chart or Register contains the data required for British troops.\* A similar Chart or Register would answer for women and children. The same form of Register, with a few minor alterations, is directed to be employed for Native troops and also for the population of prisons and other establishments, where numbers of people live together.

The data on this Register, when reduced, will give most of the information required about the disease itself.

211. **CIVIL STATISTICS OF CHOLERA.**—Any statistical enquiry among the civil population will have to be conducted on different principles, because it is impossible to obtain all the points of comparison which are attainable among distinct bodies of men under discipline. It is necessary, therefore, to restrict the enquiry among the civil population to general facts showing the course of epidemics. But this general procedure need not interfere with special local statistical enquiries into cholera among the civil population where it is found to be possible to carry out any such enquiries.

The following are the more important statistical points for registration by the civil authorities in all parts of India affected by cholera, where it might be practicable to obtain the information :—

*In all statistical enquiries regarding cholera and other epidemic diseases, the dates and localities of events are of primary importance.*

I. The date of any evident increase of any class of fevers, stating the nature of the diseases and mortality generally.

II. The date of any evident increase of bowel diseases (diarrhoea and dysentery), stating the disease and mortality generally.

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\* *Registers of different sizes for different strengths of Corps are furnished to every Regiment, or detachment of troops, and to all Civil and Jail Hospitals.*

III. Should diarrhoea or dysentery break out suddenly, so as to present evidence of endemic attacks, the facts might be entered, wherever practicable more in detail, as follows :—

(a.) Date of first endemic case.

(b.) Daily attacks and deaths. (This would include simply dates and numbers.)

IV. A daily return of cholera attacks and deaths, wherever practicable.

A most important point in this record is the date of the first attack of cholera and of the first death. Both should be traced carefully.

A daily return should be prepared after the date of the first attack, unless it be impracticable to obtain the information.

If the disease has appeared among a group of population, an estimate of the population should be entered on the return.

Where a census has been taken, more numerous and accurate data would be available ; such as—

The numbers and sexes alive at each age.

The daily number of attacks for each sex and each age.

The daily number of deaths for each sex and each age.

If it be impossible to obtain a daily record of cases and deaths, the return should be limited to the following points :—

(a.) Estimated population.

(b.) Date of first cholera case and of first death.

(c.) Date of last cholera case and of last death.

(d.) Total cholera cases and total deaths from cholera between these dates.

212. STATISTICS OF STATION BAZAARS.—In bazaars and native towns, near stations of British troops, arrangements are to be made by Deputy Inspectors General in communication with Cantonment Committees, or Cantonment Magistrates for obtaining daily statistical data regarding cholera and diarrhoea as accurately as possible, and also for recording all endemic outbreaks of fever, diarrhoea, or dysentery among their population.

In these circumscribed populations, where census has been taken, the data proposed above, as to daily attacks and deaths from cholera for each sex and age, are to be given.

The occurrence of cholera in the native population, near British troops, should be accurately registered, to admit of comparison with the course of the disease among the troops.

213. CHOLERA MAPS.—The dates of attack, and the localities, when transferred to station, town, or bazaar plans, and to maps for the whole country,

will afford information as to the laws of progress of cholera, such as can be obtained in no other way.

**214. Meteorology.**—If meteorological observations are accurately kept, according to the instructions, at stations which have been provided with instruments, a comparison of the data over a series of years, including epidemic years, will afford all the required information in this department of the subject.

In comparing the meteorological elements of epidemic and non-epidemic years, for reports, the elements of most importance are—

- (a.) Barometric pressure above the average.
- (b.) Unusual droughts leading to diminution and contamination of the water-supply.
- (c.) Unusual rain-falls leading to development of local malaria, or other local causes of disease; or unexpected rain-falls resulting in wearing of wet clothing.
- (d.) Rapid changes of temperature, especially at unaccustomed times, leading to diminished or checked cutaneous action.
- (e.) Unusually high temperatures combined with rain-falls.
- (f.) Direction and strength of winds. It has been stated that winds coming from particular points have been accompanied by increase of cholera attacks, or that cholera has progressed in the direction, or against the direction of prevailing winds. All these points should be carefully noted.
- (g.) Stillness of atmosphere, indicating stagnation in cities, villages, or dwelling-houses, as well as diminution of oxygenating power of the air.
- (h.) Amount of ozone. Prevalence, or otherwise of fogs. Excess, or diminution of hygrometric state of the air. Peculiarities in electric condition of the air.
- (i.) Unusual atmospheric phenomena preceding the appearance or disappearance of cholera should be noted.

**215. Movement of Cholera.**—Observations on the movement of cholera must necessarily be conducted by observers in numerous localities before the law of movement can be arrived at. But the scientific facts can be ascertained at a few selected stations.

**216. POINTS FOR OBSERVATION.**—The following are the points in regard to which systematic observations on the movement of cholera are necessary among British and Native troops, as well as among the population generally.

217. **PREMONITIONS OF CHOLERA.**—When cholera is approaching a district, are there any indications of an altered state of health among the unaffected inhabitants, such as disturbance of the digestive organs, altered expression of countenance, or of colour of the conjunctivæ and other mucous membranes ; or of the skin, in Europeans and light-skinned native races ?

218. **PREVALENCE OF OTHER DISEASES.**—Are diarrhoeal or dysenteric affections, or fevers, more than usually prevalent ?

Are there any other premonitions of cholera observable ?

Positive or negative replies on these points should be given.

219. **Forms of Cholera.**—Cholera presents itself under three states or forms :—

1. The sporadic form.
2. The endemic form.
3. The epidemic form.

In regard to these three forms of the disease, the following questions suggest themselves :—

(a.) Are they precisely similar, or in what respects do they differ in their observed characters ?

(b.) Do premonitory symptoms prevail among unaffected persons in localities, where each of the three forms occur ?

(c.) Are there any appreciable phenomena in the disease, in the locality, in the habits of the people, or in the nature of the seasons and atmospheric conditions, which would obviously account for the existence of one form rather than another, or for the passage of one form into another ?

(d.) Are there any facts to show why a sporadic case of cholera is not followed by other cases ? Or,

Why an endemic outbreak does not become epidemic ?

220. **QUESTION OF SUSCEPTIBILITY.**—During endemic outbreaks, as well as during epidemics of cholera, it is usually observed that of the population exposed apparently to precisely similar conditions, a portion only suffer from the developed form of the disease, while the majority usually escape, or suffer from comparatively trivial symptoms.

221. It has hence been the custom to divide a population exposed to the same causes of diseases into two classes : “susceptible,” those who have suffered ; and “non-susceptible,” those who have escaped. But it is obvious that such a division affords no explanation of the occurrence. It merely repeats in other words the obvious fact that some have suffered while others have escaped. An attempt should be made towards an explanation of differences in susceptibility by obtaining replies to the following questions. But any other points, calculated to throw light on the question of susceptibility, should be stated.



222. **INFLUENCE OF SEX AND AGE.**—Of persons living in a circumscribed endemic locality, the numbers of whom at each age and of each sex have been ascertained by census, what per-centage of each sex and each age living is usually attacked by cholera?

223. **INFLUENCE OF TEMPERAMENT.**—Does cholera take place equally in all temperaments, or do certain temperaments suffer more than others?

224. **INFLUENCE OF DIET.**—Is there any observed difference in the percentages of attacks among persons who live mainly on vegetable diet, as compared with the percentages among persons who live on mixed diet?

225. **INFLUENCE OF HEALTH AND HABIT OF BODY.**—Has the occurrence of cholera among a population any marked relation to a state of general health or habit of body among those who suffer which does not exist amongst those who escape?

226. **INFLUENCE OF RACE.**—Is there any appreciable difference in the liability to attacks, or in the proportionate mortality from cholera among different races in India?

227. **INFLUENCE OF OCCUPATION.**—Are any trades or occupations observed to be more conducive to attacks of cholera than others?

(a.). Can it be shown by statistics whether mehters employed in collecting and removing excreta during times when cholera prevails suffer more from cholera, or only to the same extent as others living in similar localities?

(b.). Are occupations involving much fatigue, or long marches, and the like, more or less conducive to cholera?

228. **INFLUENCE OF INTEMPERANCE.**—Has the use of spirituous liquors any apparent influence on susceptibility to cholera?

229. **INFLUENCE OF TEMPERANCE.**—Have regular temperate habits of life any apparent influence on susceptibility to cholera?

230. **INFLUENCE OF THE ELEMENT OF NUMBER.**—Can the exact influence of aggregations of persons, both as regards—

(a) Actual numbers,

(b.) Crowding on a given area,

on susceptibility to cholera be proved statistically?

231. **Communicability of cholera.**—The fact, whether or not cholera is communicable, directly or indirectly, from person to person, should be positively ascertained.

232. **SOURCES OF EVIDENCE.**—Evidence, either positive or negative, on this most important subject, may be derived from two sources, experiment and observation.

233. **EXPERIMENTAL EVIDENCE.**—The class of experiments, most likely to prove or disprove communicability, will be undertaken by officers specially selected to report on this branch of the enquiry.

234. EVIDENCE FROM OBSERVATIONS OF SPORADIC CHOLERA.—If a solitary indigenous case of sporadic cholera presents itself, the following questions will arise :—

- (a.) What was the origin of the case ?
- (b.) Is there or is there not evidence to show that infection was imported from some distant place where cholera prevailed ?
- (c.) If there is evidence of importation, every step in the proof should be very carefully investigated and given in detail.
- (d.) If the case had no communication with any other case, this fact should be stated.
- (e.) The results, whatever they may be, of *every enquiry* made into the foreign origin of sporadic cases, should be recorded.
- (f.) Were there any local, personal, or atmospheric conditions to which the occurrence of the sporadic case might be reasonably attributed ?
- (g.) Was the communication which existed between the sporadic case and other inmates of the house, or between these inmates and those in other houses, followed by any appreciable effect on health ?

235. EVIDENCE FROM OBSERVATIONS OF ENDEMIC CHOLERA.—When an endemic outbreak of cholera takes place, similar questions would arise, as follows :—

- (a.) Was there any communication between the seat of the outbreak and any other locality where cholera previously prevailed ?
- (b.) If so, the dates and other evidence should be carefully given, and the precise nature of the communication should be described.
- (c.) Could the progress of the endemic attack be distinctly traced to communication between the first or earlier endemic cases in the same locality and persons subsequently attacked ? If so, state in detail the nature of the communication with the dates.

(d.) To complete the evidence on the subject of communication, it should be distinctly stated, whether, or not there was communication between affected and unaffected persons without extension of the disease.

236. EVIDENCE FROM OBSERVATION OF CHOLERA IN PRISONS.—Prisons afford excellent opportunities of investigating questions regarding cholera, including development of the disease, its relation to personal communication, or to purely local causes, its relation to endemic outbreaks in districts where prisons are situated, and to any general epidemic movement of the disease.

By observations made in prisons and prison infirmaries, we might ascertain whether cholera is preceded by appreciable changes in the health of prisoners; whether the disease breaks out without visible communication of any kind with affected districts; the laws of its development and extension

among prison populations. Instances in which it appeared in different parts of the prison, *without* communication with affected prisoners, should be noted. As also the number of instances in which it *did not* appear after communication between affected and unaffected prisoners. Care might be taken to prevent all communication temporarily between affected districts or parts of the prison, and unaffected prisoners, with the view of ascertaining whether the disease could be kept out of the prison, or confined to that part of the prison first affected.

A large number of observations of this class are required before conclusions can be drawn from them.

237. EVIDENCE FROM OBSERVATIONS OF EPIDEMIC CHOLERA.—When cholera takes on the epidemic form, it will become necessary to investigate very carefully the relation of movements of the population to movements of cholera. With this view the following steps should be taken :—

(a.) A record of all groups of population, cities, villages, and the like, in the region of the epidemic, should be made.

(b.) On this record the localities successively attacked from the first appearance of epidemic onwards to its termination, with dates of attack and other particulars, should be entered.

(c.) The localities and dates of unusual outbreaks of other diseases of the epidemic class, fevers, diarrhoea, dysentery, if there have been any such, should be recorded.

238. These data are necessary, in order to show the exact number of groups of population which suffered or escaped within the epidemic region, and also to show whether cholera was or was not present before the arrival of persons, pilgrims, and others from affected districts.

239. MEANS OF COMMUNICATION TO BE DESCRIBED.—In describing the movements of population between affected and unaffected districts, the means of communication, whether by walking, carriage, steamers, boats, railways, together with the rate of travelling, should be stated.

240. Importance of observing the influence of Railway communication during epidemics.—Where the exact places, dates, and times of arrival can be ascertained, as in the case of railways, very important facts can be obtained with little difficulty.

241. NATURE OF DATA.—The following data for lines of railway would go far to show what is really the relation between movement of population and movement of cholera. Similar data might be obtained for main lines highway and steam-boats :—

(a.) Names of stations and times of departure and arrival along the line of railway.

(b.) If practicable, the names of stations and dates at which passengers booked at the first affected locality were put down. The facts might possibly be ascertained from the railway tickets.

(c.) Names of stations and dates at which any passengers suffering from choleraic disease were left.

(d.) Name of station first attacked with cholera, and date of appearance of cholera there.

(e.) Dates of appearance of cholera in all attacked stations, and groups of population along the line.

**242. Caution necessary in conducting these enquiries.**—It is necessary, perhaps, to suggest a caution in carrying out enquiries into the relation between the movement of population and the movement of epidemic cholera, in order to avoid the disturbing influence of coincidences.

There are several known factors to be considered in all similar enquiries:—

(a.) There is the obvious movement of the disease.

(b.) The obvious movement of the population.

(c.) The fact that cholera appears without apparent or known movement of the population between affected and unaffected districts.

(d.) The fact that cholera has appeared in unaffected districts after arrivals from affected localities; sometimes only in persons arriving; sometimes only in residents; sometimes among arrivals first, and residents afterwards; sometimes in residents first, and among arrivals afterwards.

(e.) The fact that arrivals take place from affected localities in unaffected localities without any appearance of cholera following on arrival.

**243. CHOLERA APPEARING AFTER INTERCOURSE NO PROOF "PER SE" OF IMPORTATION.**—It would evidently be impossible to ascertain the truth by simply assuming that the arrival in unaffected districts of persons from affected districts was the cause of cholera appearing in these unaffected districts.

**244. NEGATIVE FACTS AS WELL AS POSITIVE FACTS TO BE NOTED.**—It would be equally impossible to arrive at truth by noting only those instances in which diseases followed on the fact of intercourse, without noting those instances in which intercourse was *not* followed by spread of disease.

**245. STATISTICAL DATA REQUIRED.**—In all statistical comparisons on this point, two facts are indispensable:—

(a.) An estimate of the number of localities or groups of population which had communication with the affected centre, together with an estimate of their population.

(b.) The number and population of localities in which cholera appeared after communication, together with the dates of both events.

246. BUT OTHER EVIDENCE ALTOGETHER REQUIRED.—But the fact to be reasonably shown by other evidence altogether is that the movement of population was the cause of the movement of cholera in those cases in which dates and localities are well-known, and where there can be no doubt that the date of the appearance of cholera was subsequent to the date of communication with affected districts.

247. RECAPITULATION OF NATURE OF PROOF.—It may be repeated that the arrival of persons from affected in unaffected districts, and the subsequent appearance of cholera there, or the accidental passage of pilgrims near places or persons subsequently attacked with cholera, are nothing more than facts, in regard to the relations of which with each other, rigid enquiry is to be made, and the evidence itself must not be an opinion simply; for, as already stated, no opinion would warrant the adoption of legislative measures and the expenditure of public money. The evidence must be sufficient to satisfy every reasonable demand. There is no doubt that this part of the enquiry is beset with great difficulties, as well as by many sources of error. But at all events a minute detail of such evidence, as it may be possible to obtain, should be given, in the hope that eventually the truth may be arrived at by improved methods of enquiry.

248. COINCIDENCES TO BE STATED.—If there is no satisfactory evidence, except the coincidence; or if the alleged fact be exceptional, this should be distinctly stated.

249. OBSERVATION OF CHOLERA AMONG TROOPS ON THE MARCH.—Much important information regarding the movement of cholera may be obtained by renewed observations on the appearance and course of the disease in troops on the march.

Besides the usual enquiries into the sanitary condition of camping grounds, water-supplies, &c., it is desirable to record the following points:—

(a.) The state of health of the place from which the troops started, and date of starting.

(b.) The strength.

(c.) The nature of the country, and length of marches, and dates.

(d.) The number of marches.

(e.) The state of health of towns or villages through which troops passed, and dates of passing, daily state of weather.

(f.) Date of appearance of cholera (if any) in the corps.

(g.) Names of places through which troops passed after cholera appeared, indicating those attacked, if any.

(h.) Dates of disappearance of cholera.

(i.) Daily cases and deaths to be entered on the register.

250. **MARCHING JOURNAL.**—The “Marching journal” which is directed to be kept by the Surgeon in charge of every regiment or detachment, in movement, will afford all necessary information under the foregoing para. The journal will be forwarded to the Deputy Inspector General of the division for transmission to Head-quarters, at the end of the march.

251. Among no class of population in India more than among troops could accurate enquiries be made into questions regarding the communication of cholera from man to man, from passing columns affected with cholera to unaffected villages, and *vice versa*.

252. **MOVEMENT OF EPIDEMICS ON LINES OF MOVEMENT OF POPULATION.**—Epidemics of cholera have generally, but not always, travelled in a North-Western direction in India : it has been assumed that the movement of population is in this direction, and that the two movements stand to each other in the relation of cause and effect. A caution on this subject has been already suggested. But there is another very important element requiring investigation, namely, whether movements of population towards the North-West are not accompanied by corresponding movements in other directions; and, if so, whether cholera does or does not follow the course of movement in these other directions. In other words, it should be determined by observation whether, if the movement of population has been oscillatory, the movement of cholera has been in one direction only; or whether it has oscillated with the population.

(a.) Again, as there can be no epidemic without population, it is important to determine whether lines usually taken by epidemics of cholera are or are not the lines of maximum fixed population.

(b.) Instances should be carefully examined where communication has existed between affected districts, and localities which have at other times been seats of cholera, without being followed by outbreaks of cholera in the unaffected districts.

253. **Unaffected localities.**—In localities which have never suffered from cholera, it should be ascertained whether this immunity has existed, notwithstanding communication with affected districts.

254. **RELATION OF “COMMUNICABILITY” TO EPIDEMIC.**—The next question of importance is to ascertain what is the relation of communicability, if it exists, to the phenomena of endemic and epidemic cholera? The following points require careful examination before an answer to this question can be given :

(a.) Can it be shown by the conclusive evidence of facts that endemics and epidemics are made up solely of cases arising from well-ascertained com-

munication of the disease, either directly or indirectly, from sick to healthy persons ?

(b.) Are there facts to show conclusively that endemics and epidemics are due solely to communication of the disease, and to nothing else ? If so, the facts should be very carefully detailed.

(c.) Is communicability, if it exists, only one of the elements of the movement of cholera ? If so, what is its importance in comparison with that of other elements ?

**255. Relation of epidemics to great physical disturbances.**—Are there facts to show that the phenomena of epidemics are coincident with great general causes, such as the following :—

(a.) General telluric disturbances affecting great areas of country, such as flooding of the country, dryness and cracking of the soil, excess of moisture in the subsoil, generally increased impurity of water-sources, unusual disengagement of malaria, and the like. Great droughts and famines.

(b.) A generally disturbed or contaminated state of the atmosphere, marked by unusual heats, colds, winds, calms, clouds, fogs, storms, rain-fall.

(c.) General vital disturbances affecting animals as well as men, and probably also affecting vegetable life, such as unusual prevalence of febrile diseases, diarrhoeas, dysenteries, influenzas, and the like. Epizootic diseases, blights in cereal crops, &c.

(d.) These phenomena existing not only in the epidemic region, but in distant parts of the earth (for instance, the epidemic cholera of 1867 in India co-existed with the great Mauritius epidemic of intermittent and remittent fever, and with epidemics of cholera and yellow fever among the West India Islands, and round all the shores of the Gulf of Mexico).

**256. Enquiry into causes why epidemics cease.**—Enquiry should be made to ascertain why endemic or epidemic attacks of cholera come to an end,

(a.) If atmospheric conditions are causes of cholera, do the conditions undergo alteration when cholera declines and disappears ?

(b.) If defective sanitary conditions are determining causes of outbreaks of cholera, why do they cease to act after a time ?

(c.) If cholera is spread from person to person by contagion or cholera poison, how does it happen that the agent or poison communicated ceases to act after a time ?

These questions require rigid scientific investigation ; but light may be thrown on them by practical enquiries, such as the following .—

(d.) When cholera is in a district it might be observed to what extent the disease can be mitigated by better diet and regimen among troops and prisoners ; and it might be further ascertained whether improvements in these

particulars have been extending themselves among these classes of population during outbreaks of cholera for the express purpose of precaution.

(e.) It might be further ascertained whether, when the arrival of cholera is anticipated, the past known susceptibility of a well-marked endemic district can be diminished by sanitary measures, cleansing, improved water-supply, and the like, to such an extent that it may escape the disease more or less: and further, whether in other cases the progress of sanitary improvements has been coincident with decline of the disease.

257. **Localities.**—Questions regarding locality might be further elucidated, as follows:—

(a.) By observing and recording the effect produced on an epidemic or endemic attack among troops or prisoners by camping out on clean ground, as contrasted with the progress of cholera in barracks or prisons where this measure has not been adopted, or only partially adopted.

(b.) By removing small groups of population out of bad sanitary conditions from houses where cholera prevails, into healthy localities under good sanitary conditions, and by noting carefully the results to health.

258. **STATE OF PUBLIC HEALTH AFTER CHOLERA.**—After an endemic or epidemic attack of cholera has ceased in a well-marked locality, it would be important to examine into the general health of the people, and to compare it with the state of health before cholera appeared.

259. **Observations of cholera on Board ship.**—An important class of facts might be obtained regarding outbreaks of cholera on board troop and emigrant ships by the following form of record:—

(a.) State of health of port and district from which troops or coolies have been embarked. Date of last cholera case. Date of departure of ship.

(b.) Sanitary state of ship and passengers at the time of departure, including questions of ventilation, crowding, quality of water, food, &c

(c.) Whether cholera broke out on the passage, and, if so, the dates, cases, deaths, state of weather, the then sanitary state of the ship, and other occurrences.

260. **All Medical Officers to aid in the enquiry.**—All Medical Officers, whether of the British or Indian Medical Departments, who have had the opportunity of recording facts, in connection with any of the foregoing heads of enquiry, will submit them in as soon as convenient after the termination of an epidemic, or endemic outbreak of cholera, a special report to the head of their department, by whom all papers regarding cholera enquiries will be forwarded to Government, for transmission to the Secretary of State for India.



## VI.—Sanitation of Jails.

261. **Over-crowding.**—The constant and serious attention of the Officer in charge of the Jail, and of the Medical Officer, shall be directed to prevent the over-crowding of Jails. A greater number of prisoners than that prescribed for each ward and cell in a Jail shall not be admitted on any account.

262. In the event of a Jail being full, the Officer in charge shall accommodate, either in huts or tents outside the Jail, any other prisoners who may be sent, reporting the circumstances immediately to the Inspector General of Jails, and he shall give due and sufficient notice to the local Police Officer, who shall take measures for the safe custody of the prisoners.

263. **NOT MORE THAN THIRTY-TWO IN ONE WARD.**—It is not desirable that more than thirty-two prisoners should sleep in one ward. This rule shall be carried out, as far as practicable, in existing Jails.

264. **AREA AND SPACE DEFINED.**—An inscription, specifying the superficial area and cubical contents of each ward, and the number of prisoners it is capable of containing—allowing not less than <sup>400</sup>~~240~~ square feet ( $9 \times 6$ ) of ground area, and not less than ~~448~~<sup>100</sup> cubic feet ( $9 + 6 \times 12$ ) of breathing space for each prisoner—shall be affixed to the door of every ward.

265. No increase in the height of a ward shall justify any diminution of the ground area, nor shall any emergency justify any reduction in the cubic space prescribed for each prisoner.

266. **Solitary cells.**—No separate cell, whose cubical contents is less than 1,000 cubic feet, with a ground area of 75 square feet, shall be declared fit for separate or solitary confinement.

267. **Ventilation.**—The special attention of the Officer in charge of the Jail, and of the Medical Officer, shall be paid to the ventilation of the sleeping wards, to ensure a constant supply of fresh air, while an exit for the foul air shall also be provided. In all cases there should be amply sufficient lateral ventilation in addition to roof ventilation.

268. **NIGHT INSPECTION.**—As the condition of the atmosphere breathed by prisoners can only be judged of by visiting at all seasons the sleeping wards several hours after the inmates have been locked up, the Officer in charge of the Jail and the Medical Officer shall, at uncertain intervals, visit the Jail at night to satisfy themselves as to the adequacy of the ventilating arrangements, and the results are to be recorded in their respective journals.

269. **SLEEPING WARDS.**—Every possible arrangement shall be made for the thorough ventilation of the sleeping wards, and their contents during the day, as many hours of free ventilation are required to remove the organic mat-

ter which adheres to the walls and bed clothes, and which is but slowly oxydized. The bedding shall be hung up during the day-time, so as to be freely exposed to currents of air and light.

270. **Conservancy.**—LATRINES AND URINALS.—Drains of any description for sewage purposes within a Jail or its precincts are absolutely prohibited. The dry earth conservancy system shall, as far as practicable, be adopted in all Jails in substitution of any other system for disposing of the liquid sewage of Jails. The form of latrine adapted to the earth system, and to the local circumstances of each Jail, shall be prescribed by the Inspector General of Jails.

271. **NIGHT PRIVIES.**—Every sleeping ward shall be provided with three vessels, viz., a urinal, an earth-closet, and an earth-reservoir with wooden scoop.

272. **URINAL.**—The urinal, loosely filled with dry earth, is only to be used for the reception of urine. If urine appear on the surface in the morning, it is an indication of insufficiency of earth in the vessel. It is an essential condition for success that the earth should absorb all the urine.

273. **CLOSET.**—The earth-closet is any suitable vessel, containing a layer of dry earth into which the inmates of a sleeping ward or hospital can defecate, a scoopful of earth from the earth-reservoir being immediately thrown over the recently voided excreta. Every prisoner is to be made to throw a sufficient quantity of dry earth over his excreta to cover the same.

274. **NIGHT-LIGHT.**—To prevent nuisances around the urinal and earth-closet, a night-light is to be kept burning in their immediate neighbourhood. The places occupied by the urinal and earth-closet, and a space of two feet round these vessels, shall be thickly coated with coal-tar.

275. At 3 o'clock P. M., the night-vesels shall be put in their proper places in every sleeping ward, and care shall be taken that they are placed on, and surrounded by, a thick layer of dry sifted earth, to protect the floor from being accidentally soiled by excreta. If any effluvium remain after the removal of the night-vessels and the earth, it is a sure sign that there has been an insufficiency of earth.

276. **CLEANSING OF CLOSETS AND URINALS.**—Immediately after the prisoners vacate the sleeping wards in the morning, the vessels used as night-urinals and earth-closets shall be removed to the garden, and their contents disposed of in the manner prescribed for sewage generally, and the vessels themselves thoroughly cleaned and scrubbed with dry earth and exposed to the sun until replaced at 3 o'clock P. M. for night use, when the urinal should be filled with dry sifted earth, and the earth-closets furnished with a thick layer of it.

277. **Water-supply.**—Great attention should be paid to secure purity in the water used by prisoners for drinking and culinary purposes. As purity of water is of extreme importance, it is absolutely necessary that the Officer in charge of the Jail be assured of the non-contamination of the water used. Unless the inmates of a Jail receive their rations of pure air and pure water, it is impossible that their ration of food—however liberal and varied the dietary—can maintain them in health.

278. **MEDICAL OFFICER TO REPORT ON WATER-SUPPLY.**—It shall be one of the duties of the Medical Officer to examine and report on the amount and quality of the water-supply, and also to indicate the sanitary precautions required in collecting, storing, and distributing it for use.

279. **PERSONAL CLEANLINESS TO BE ENCOURAGED.**—Disregard of cleanliness may result from an insufficient water-supply, therefore, in addition to an abundance of pure drinking water, a copious supply of water is necessary to enable clothes to be thoroughly and frequently washed, and personal cleanliness facilitated, thus removing one important preventible source of disease.

280. **CONTAMINATION OF WELL WATER.**—Of all the sources by which water becomes so impure as to become a source of disease, the most serious and dangerous is the soakage from cess-pools diffused widely, the sub-soil contaminating the wells—even a hundred yards distant—from which the water-supply is obtained. As water kept in open vessels in an inhabited barrack absorbs foul air, and becomes foul and unwholesome in consequence, it is absolutely necessary that there should be thorough ventilation to prevent each prisoner's supply for the requirements of the night becoming dangerously contaminated, and hence also the desirability of supplying fresh water to prisoners as late at night, and as early in the morning as practicable, whilst they are locked up.

281. **SURFACE SPRINGS TO BE AVOIDED.**—It should be remembered that the deeper the source from which water is derived the less liability there will be of its becoming contaminated by the infiltration of surface impurities, and it is in all cases desirable that Jail wells for the supply of drinking water, should be sunk to a depth at which the true springs are reached, and that in the "steening" of the well all surface springs should be carefully excluded.

282. **WELLS TO BE CONSTANTLY DRAWN.**—Well-water is to be preserved pure by the daily removal of decomposing matter; the prevention of stagnation—most easily and thoroughly effected by the daily withdrawal of large quantities of the water for irrigation—thus allowing a fresh supply to be obtained from the well-spring; by obviating the re-entrance of ablution water through chinks or fissures in the sides of the masonry shaft; and especially by preventing the percolation of sewage from cess-pools, which should never be allowed within the Jail and its precincts.

283. **TANK WATER.**—The conservation of tanks for the supply of drinking and cooking water consists in keeping the collecting ground clean; in arresting the entrance of solid, organic impurities, as leaves, grass, &c.; in removing the vegetable scum, which, when passing into a state of decay, is injurious; in preserving a sufficiency of the proper kinds of vegetable and animal life essential for the purification of the water in which organic matter exists in solution; in stopping their excavation at depths beyond which water-plants cannot rise from the bottom; in preventing the accumulation of filth and rank vegetation on their sides; in having the slimy sediment at the bottom annually removed; and, above all, by preventing them being used for bathing or washing in.

284. **BATHING TANKS.**—Bathing tanks should invariably be kept as far apart as possible from those for the supply of drinking water.

*Rules for the guidance of Officers in charge of Jails on the occurrence of epidemic diseases.*

285. **Epidemic disease in Jails.**—In many instances, epidemic disease has been introduced into Jails by newly arrived gangs of prisoners, and by persons recently committed to Jail. These persons shall be carefully examined before they are admitted into the Jail; and by the Medical Officer daily, during ten days after admission, and attention shall be paid to their personal cleanliness and to the cleanliness of their clothes.

286. **NEWLY ARRIVED PRISONERS.**—When prisoners arrive from other Jails, they shall, if unhealthy, be kept strictly apart from the other prisoners in the Jail, during a period of ten days—and if any epidemic disorder be present among them, they shall not be allowed to enter the Jail, but be camped at a convenient distance from it, and be detained until reported healthy.

287. **OCCURRENCE OF DISEASE TO BE REPORTED.**—The Officer in charge of such prisoners on the march shall, on the appearance of any epidemic, report the same, through the Police, without loss of time, so that medical assistance and a camp may be in readiness for them on arrival near their destination.

288. These precautions are specially necessary when cholera prevails on the line of march.

289. When epidemic disease has attacked gangs of prisoners, they shall not be admitted into Jails until fourteen days have elapsed since the last case has appeared, and only then if the prisoners are all healthy.

290. While encamped, for these reasons, all the rules hereinafter set forth, regarding camps, shall be strictly observed, both as regards selection of site, and camp conservancy arrangements.

291. In the event of the epidemic disease being present in the vicinity of a Jail, care must be taken to prevent any communication taking place

between the inmates of the Jail and the infected locality, either directly or indirectly.

292. More than ordinary attention should be paid to all the usual conservancy arrangements of the Jail.

293. Such alterations in the Jail diet as may be calculated to guard prisoners from liability to the attacks of epidemic disease shall be adopted on the recommendation of the Medical Officer.

294. Fires of grass and green-wood shall be lighted in the wards and yards daily, so as to purify thoroughly the Jail.

295. The Hospital shall be white-washed, and especial care be taken that all Hospital arrangements to meet an out-break of epidemic disease are complete.

296. **Camping sites.**—It is the duty of every Officer in charge of the Jail, in communication with the Civil authorities and Superintendents of Police, to have marked out suitable camping sites for the removal of prisoners on the occurrence of epidemic disease in the Jail.

297. It is of essential importance that these sites should be selected for every Jail, and that the selection of sites should not be delayed until the occurrence of epidemic disease.

298. Every Officer in charge of a Jail will make a Quarterly Return to the Inspector-General of Jails, stating whether any change in the selection of sites for such camps has been rendered necessary from any cause soever.

299. **Requirements of camping sites.**—The requirements of the site of such a camping ground are as follows :—

(a.) It should be easy of access and neither to windward or leeward of any Military Cantonment, Civil station or Native town, nor within a distance of two miles of such place.

(b.) It should not be on the great lines of communication, or thoroughfares, or villages.

(c.) The ground should be high, with natural facilities for drainage.

(d.) There should be a good supply, if possible, of drinking water.

(e.) Rank vegetation is objectionable, and experience has shown that thick topes of trees should be avoided.

(f.) The distance of camping ground from the Jail must depend on local circumstances, but as a rule two or three miles will probably suffice.

(g.) The site should be selected with special reference to its state during the rains.

(h.) The camping ground should be measured, and the number of prisoners with their guards, which it is capable of accommodating, recorded.

300. **Diseases which may necessitate removal to Camp.**—The diseases which in Jails have a tendency to assume an epidemic character, are—

Cholera.

Small-pox.

Fever.

Jail Diarrhœa.

301. **"EPIDEMIC" CHOLERA.**—To remove doubts which have arisen as to when cholera shall be considered to have assumed an epidemic tendency, the following rule is prescribed for the observance of the Medical Officer in charge of the Jail, with whom rests the responsibility of declaring that any of the four diseases mentioned above has assumed such a degree of epidemic intensity as to render the removal of prisoners necessary :—

302. *If, within one week after the first case of cholera has shown itself in a Jail three or more cases occur, it shall be considered that the disease has assumed an epidemic form."*

303. **REMOVAL TO CAMP SMALL-POX, &c.**—In respect of small-pox, fever, and diarrhœa, the Medical Officer shall, in consultation with the Officer in charge of the Jail, determine whether only the prisoners attacked should be removed from the Jail or whether it is necessary to move the whole of the prisoners.

304. **Cholera.**—In the case of epidemic cholera, the whole body of prisoners will, as a general rule, be removed into the camp provided for the outbreak of epidemic disease in the Jail, and be located in tents or in temporary huts erected for that purpose. Notice will be given to the District Police Officer to enable him to make the requisite arrangements for safe custody.

305. **DISCRETION TO BE USED, WHEN SEASON IS UNFAVORABLE.**—It may happen that an epidemic disease occurs during the height of the monsoon, in which case it will be for the Medical Officer to exercise a discretion as to the removal of prisoners.

306. **TENTS.**—The Officer in charge of a Jail at a station at which there is a Camp Equipage depôt shall indent on such Depôt for a supply of the tents necessary for the accommodation of prisoners to be moved into camp.

307. In like manner, Officers in charge of Jails accessible by Railway will indent by telegraph on the nearest Camp Equipage Depôt for a supply of the tents required.

308. Provision will be made for supplying tents to Jails not within easy reach of a Camp Equipage Depôt, unless from local circumstances huts can be easily and quickly constructed, so as to supply this accommodation for prisoners instead of tents.

309. **Precautions when removal to camp is not followed.**—Where epidemic disease has broken out in a Jail, and it may not be considered desir-

able to remove the prisoners into camp, the following precautions will be observed in the Jail during the prevalence of the disease :—

(a.) CHOLERA AND JAIL DIARRHŒA.—The prisoners shall be organized in small gangs for exercise beyond the Jail walls.

(b.) Work in factories shall be relaxed, but not entirely discontinued.

(c.) The most scrupulous attention shall be paid to the state of the privies.

(d.) Disinfecting and deodorizing agents shall be freely used, such as MacDougall's powder, charcoal, wood-ashes, coal tar, and earth, and every precaution connected with "dry earth conservancy" shall be most carefully and continuously enforced.

(e.) If soiled, the cell-floors shall be re-made, the walls shall be scoured with a stiff broom, removing from their surface, and down from the roof every particle of dust or animal matter.

(f.) A wood fire shall be burned in each cell, the doors and windows being temporarily closed.

(g.) Special attention shall be paid to the boiling and subsequent filtration of all drinking water.

(h.) A portion of the Jail establishment shall be organized as a guard for night work ; this guard should go round frequently to the cells, wards, &c., to ascertain if any prisoner has been taken ill, and to remove him to the hospital at once.

(i.) All over-crowding must be strictly avoided, not only in the hospital but in every cell and ward. It will be necessary to remove from the hospital all cases other than cholera, and locate them in cells or a factory shed should there be no other accommodation.

(j.) During the prevalence of cholera and Jail diarrhœa, slight cases of colic or ordinary diarrhœa must be treated separately. They shall not be admitted into hospital until the characteristic symptoms of cholera and Jail diarrhœa have appeared.

(k.) The hospital floors shall be thickly sprinkled with powdered charcoal, wood-ashes, and earth ; the dejecta shall be immediately removed, and the wood-ashes and earth swept up and removed when any portion becomes soiled by the discharges.

(l.) The charcoal nets in the hospital shall be increased in number, and the charcoal more frequently re-placed than under ordinary circumstances.

N. B.—The same rules apply to the sleeping cells or wards.

(m.) The alvine discharges on being removed from the hospital shall be collected outside in an iron pan, with a suitable cover, into which a quantity of MacDougall's disinfecting powder has been thrown, they shall, as frequently

as possible, be carried off to the garden trench, which shall on each occasion be covered over with six inches of earth.

(u.) The hospital latrines demand the most scrupulous attention to cleanliness.

(o.) The utmost attention to personal cleanliness shall be enforced in the case of every prisoner ; small bathing and washing gangs, to be frequently relieved, shall be organized for this purpose.

(p.) The hospital clothing, or clothes and bedding used by patients, shall invariably be burnt.

(q.) It frequently happens that the hospital passage gets saturated with choleraic discharges. A layer of fine sand and ashes, a couple of inches thick, should be spread along the passage. This ought to be swept up and removed as often as any portion gets soaked, and fresh sand or ashes strewed in its place. The trench for the reception of the hospital filth need not be far removed ; all that is required is, that the excreta should be constantly covered with sifted earth.

(r.) The water in which the prisoners have bathed or washed their clothes shall not be allowed to be thrown within the Jail walls.

(s.) Wood fires shall, under due precautionary measures, be kept burning to the windward, and within the Jail enclosure, night and day, on the occurrence of any epidemic, in cases where it may not be practicable to remove the prisoners either into another building or into tents.

(t.) Attention shall be paid to the diet, which should be modified in such a manner as the Medical Officer in charge may consider desirable.

310. FEVER AND SMALL-POX —The sanitary measures already laid down will readily recommend themselves for adoption in this form of epidemic disease in Jails. Instead, however, of collecting, as in cholera, all cases in hospital, they should be segregated whenever separate buildings are available. Most scrupulous attention must be paid to all conservancy arrangements within the Jail. To ensure this, most constant attention is required by the Medical Officer in charge of the Jail.

311. JAIL CAMPS.—When prisoners are moved into camp dry straw should be procured for the prisoners to sleep on, and cots for the sick.

312. In camp there should be two detached hospitals, one for the treatment of miscellaneous cases, and the other for the treatment of epidemic cases. These should be to the leeward of, and some distance from, the camp.

313. CONSERVANCY.—Careful attention should be paid to the conservancy of the camp, and the trenches should be dug every day to the leeward of the position. To these trenches the prisoners and all connected with the camp



should be made to go for the purposes of nature. These trenches should be covered over with earth every evening.

314. If the disease continues in frequency and virulence for three or four days after the removal of the prisoners, it will be advisable to shift the camping ground.

## VII.—Fairs and Festivals.

315. The following rules are drawn up for the special guidance of Magistrates and others who may be entrusted with the supervision of large assemblages of persons at fairs and festivals.

316. **Accommodation.**—Make suitable provision for the probable number of persons who may not be able to find accommodation in adjacent towns and villages as follows :—

- (i.) Select, level, and lay out suitable encamping grounds, bearing in mind the principal requirements of elevation ; proximity to place of concourse ; sufficiency of a pure water supply ; dry, clean, and untainted soil, and direction of prevailing winds.
- (ii.) Lay out this ground in divisions or sections, separated by streets not less than 40 feet wide, and, when space permits, with subsidiary streets 20 feet wide.
- (iii.) Erect upon these sites temporary sheds or huts for the accommodation of those who may require them.
- (iv.) Leave space to leeward of each section for the carts and cattle of the people occupying each section.
- (v.) As far as possible assign sections to different castes, indicating each by a legible sign-board.

317, **Conservancy.**—I. Erect suitable latrines for males and females, in number sufficient to meet the requirements of the crowd.

II. Establish separate pits for the burial of (a) rubbish and (b) filth.

III. Organize a conservancy establishment, according to requirements, for the following purposes :—

- (a) The removal daily of all rubbish and refuse, including the dung of cattle from the streets, both of the town and camp, and from the encamping ground generally.
- (b) The removal of all human excreta from the public latrines, and from residences within the town.
- (c.) The disposal of the same in the filth pits.

318. **Water.**—I. Select suitable but distinct tanks, wells, reservoirs or other sources of water supply—

- (a.) For drinking and domestic purposes.
- (b.) For bathing.

(c.) For watering cattle.

II. Place a Police guard over the source of supply selected for drinking, to guard it from contamination.

319. **Medical supervision.**—I. Appoint as Sanitary Officer a Medical or Subordinate Medical Officer, whose duty it shall be to superintend the sanitary arrangements generally; to visit the hospitals and places for distribution of medicines; to make himself acquainted with the medical history of the assemblage, as far as possible, from day to day, keeping a return of all deaths reported through the Police.

II. Establish temporary hospitals, with suitable establishments, at convenient sites, and in number proportionate to the assembly.

III. Depute Medical Subordinates to examine at the barriers all travellers coming or departing, who may appear to be laboring under sickness.

IV. Distribute, through suitable agency and at selected localities, 'cholera pills' for immediate use by persons attacked with cholera.

320. **Precautions against accidents.**—I. Assign gates for ingress and egress into each town, temple, or shrine, in cases in which numbers are considerable, and where instances of loss of life have occurred from want of due arrangements of this nature.

II. Erect barriers, where necessary, to prevent the undue influx of people into limited areas fully occupied by devotees, admitting fresh worshippers only as numbers decrease by egress from the opposite barrier gate.

321. **Police (Sanitary).**—I. The Officer of Police to be instructed to bring to the notice of the Sanitary Officer all deaths occurring within the limits of the camp or town.

II. Publicity to be given, through the Police, to the fact that hospitals are established, and depôts opened, for the distribution of cholera medicines.

III. Notices to this effect to be posted in the vernacular all over the camp and town, and pilgrims, or those frequenting fairs, to be instructed to apply for such medicines on the first occurrence of illness.

IV. Notices of the arrangements made for the general convenience of the people to be also freely distributed amongst them, and posted upon all conspicuous places.

322. **Construction of Latrines.**—I. Latrines to consist of walled enclosures, in which parallel trenches should be dug two feet wide by three feet deep. The soil removed from these trenches to be stored at their edges, and a portion daily shovelled in to cover the night soil.

II. At the termination of the feast these trenches should be fully covered in.

323. **General precautions.**—I. Prior to feasts and festivals, chattrums, choultries, and grounds generally resorted to by pilgrims as camping or halt-

ing grounds, to be put by district authorities into a good sanitary condition, and provision made for a pure water supply. The same to be maintained in a good sanitary state till after the dispersion of the pilgrims.

II. At the termination of the feast or festival, should cholera have prevailed amongst the people, the halting grounds to be ploughed up, and chuttrums and choultries fumigated and white-washed.

### VIII.—Municipal Regulations.

ESTABLISHMENT OF MUNICIPAL COMMISSIONS AND CONSTITUTION OF MUNICIPAL FUNDS. (ACT X. OF 1865.) \*

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VI. **Appointment and removal of Town Commissioners.**—In any town to which the operation of this Act shall have been extended, the Governor in Council shall appoint any number not less than five, of the inhabitants thereof, to be Town Commissioners for carrying out in such town the purposes of this Act. The persons so appointed shall continue in office year, or until their successors shall have been appointed, and shall be eligible for re-appointment. The Governor in Council may, from time to time, remove any of such Commissioners, add to their number, and fill up vacancies occurring among them.

VII. **EX-OFFICIO MEMBERS.**—In addition to the Members to be appointed as aforesaid, the following Officers shall be *ex-officio* Commissioners for every Town within their jurisdiction, to which this Act shall be extended; that is to say:—The Magistrate of the District, and the Officer of the Public Works Department in executive charge of the range.

VIII. **MAGISTRATE OF THE DISTRICT TO BE EX-OFFICIO PRESIDENT, AND TO APPOINT VICE-PRESIDENTS.**—The Magistrate of the district shall *ex-officio* be President of the Municipal Commissioners, for all towns within the district under his charge, and shall from time to time appoint such persons being Municipal Commissioners as he may think fit, to be Vice-Presidents of the Municipal Commissioners for their respective Towns.

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XIII. **The Municipal Fund.**—All moneys, rents, and profits received by the Municipal Commissioners of any Town and all fines, fees, and penalties paid or levied under this Act, shall constitute a fund which shall be called the Municipal Fund of such Town, and shall, together with all property of every nature or kind which may become vested in the said Commissioners,

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\* NOTE.—Act X of 1865, which applies to towns in the Mofussil is about to undergo revision. It is proposed to appoint Commissioners for *three* years instead of *one* year; to limit the number of *ex-officio* Commissioners: to provide in certain cases for the election of Commissioners by rate-payers and to abolish the rule requiring the Chief Magistrate to be *ex-officio* President of all Commissioners in his district.

be under their control, and shall be held by them and their successors in trust for the purposes of this Act.

\* \* \* \*

*Mode of transacting business and appointing Municipal Servants.*

**XVIII. MUNICIPAL COMMISSIONERS TO KEEP AN OFFICE FOR THE TRANSACTION OF BUSINESS.**—The Municipal Commissioners shall keep an Office where they shall meet for the transaction of business at least twice in every month upon such days and at such times as they may arrange, and as often as a Meeting shall be called by the President or Vice-President. And all questions which may come before them at any Meeting shall be decided by a majority.

**XIX. WHO TO PRESIDE AT MEETINGS OF THE MUNICIPAL COMMISSIONERS.**—In the absence from any meeting of both the President and Vice-President, the Municipal Commissioners shall choose some one of their number to preside.

**XX. CASTING VOTE.**—In every case of equality of votes, the presiding Member shall have a casting vote.

**XXI. MINUTES OF PROCEEDINGS OF COMMISSIONERS TO BE KEPT, AND TO BE OPEN FOR INSPECTION.**—Minutes of the Proceedings of the Commissioners at each Meeting shall be drawn up, and fairly entered in a book to be kept for that purpose; and shall be signed by the Member who presided at such Meeting. And the said Minutes shall, at all reasonable times and without charge, be open at the Office of the Commissioners to the inspection of any person who pays a rate or tax under this Act.

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**XXIII. THE PRESIDENT OR VICE-PRESIDENT TO EXERCISE, WITH CERTAIN EXCEPTIONS, THE POWERS OF THE MUNICIPAL COMMISSIONERS.**—In any case of emergency, the President, or, in his absence, the Vice-President shall exercise all the powers vested by this Act in the Municipal Commissioners. Provided that it shall not be lawful for the President or the Vice-President to exercise any power which it is by this Act expressly declared shall be exercised by the Commissioners at a Meeting.

**XXIV. APPOINTMENT OF OVERSEERS, CLERKS, AND SUBORDINATE OFFICERS.**—The President shall, from time to time, appoint all such Overseers, Clerks and subordinate officers and servants, as he may think necessary and proper to assist in the execution of this Act, and may, from time to time, remove any of such persons and appoint others in their places. And, out of the Municipal fund, he shall pay, or cause to be paid, such salaries to the said persons respectively as may be determined by the Municipal Commissioners at a Meeting; or, in case of absence on leave, such portion thereof as may appear reasonable.

manner and at such hours as shall be fixed by the Commissioners, shall be liable to a penalty not exceeding ten Rupees for each offence.

**LXXXVI. ALLOWING SEWAGE TO FLOW ON STREETS.**—Whoever allows any offensive matter from any privy or cess-pool to run, drain, or be thrown into a surface drain in any street, shall be liable to a penalty not exceeding ten Rupees for each offence.

**LXXXVII. REMOVAL OF NIGHT-SOIL.**—The Municipal Commissioners shall, from time to time, fix the hours within which it shall be lawful to remove night-soil or other such offensive matter and the manner in which such night-soil or other offensive matter shall be removed. And after notification of the manner and time of such removal, any person who shall not conform to such notification, shall be liable to a penalty not exceeding ten Rupees for each offence.

**LXXXVIII. PENALTY ON OCCUPIER OF A HOUSE NOT REMOVING FILTH.**—Whoever being the occupier of a house within the limits of any town, keeps or allow to be kept for more than twenty-four hours or otherwise than in some proper receptacle, any dirt, dung, night-soil, filth, or any noxious or offensive matter, in or upon the roof of such house, or in or upon the roof of any out-house, or in any yard, or ground attached to, and occupied by, the occupier of such house, shall be liable to a penalty not exceeding ten Rupees for each offence.

**LXXXIX. FILTHY HOUSES.**—Whoever being the owner or occupier of any house, building, or land within any Town, whether tenable, or otherwise, suffers the same to be in a filthy or unwholesome state, shall be liable to a penalty not exceeding ten Rupees, and to a further penalty not exceeding ten Rupees for every day after conviction for such offence during which the offence is continued.

**XC. COMMON NECESSARIES.**—The Municipal Commissioners shall provide and maintain, in sufficient numbers and in proper situations, common privies and urinals, and shall cause the same to be kept in proper order and to be daily cleansed.

**XCI. LICENSED PUBLIC NECESSARIES.**—It shall also be lawful for the Municipal Commissioners to grant to such persons and for such period as they think fit, licenses to keep privies for public accommodation, subject to such conditions as may be necessary for the preservation of public health and decency. Any such person holding such license and failing to observe the conditions prescribed in such license, shall be liable to a fine not exceeding fifty Rupees. Provided that it shall be lawful for the Municipal Commissioners, at any time, on giving one month's notice, to cancel any license granted under this Section.

**XCII. NEGLECT TO ENCLOSE PRIVATE PRIVY.**—The owner of any house or building within any town, having a privy on his premises, shall have such privy shut out by a wall or fence from the view of persons passing by or residing in the neighbourhood, and, in default, shall be liable to a fine not exceeding ten Rupees, and to a further fine not exceeding ten Rupees a day for each day of default or breach of the provisions of this Section, after notice duly given by the Municipal Commissioners to such owner or occupier of such privy.

**XCIII. SEWERS AND DRAINS, &c., UNDER CONTROL OF THE MUNICIPAL COMMISSIONERS.**—All public sewers, drains, and other works for conservancy existing in any Town at the time of this Act comes into operation, or which may afterwards be made, shall be under the direction and control of the Municipal Commissioners.

**XCIV. SEWERS, &c., TO BE CONSTRUCTED UNDER THE DIRECTION OF THE MUNICIPAL COMMISSIONERS.**—All public sewers, or other works for the improvement or the conservancy hereafter required in any Town, shall be constructed under the direction of the Municipal Commissioners, who shall be empowered to purchase any land necessary for such purposes from funds at their disposal, or such land shall, if necessary, be taken under the sanction of Government, under the provisions of any Act heretofore passed, or which shall hereafter be passed for the acquisition of land for public purposes.

**XCV. BRANCH DRAINS, PRIVIES, &c., UNDER CONTROL OF COMMISSIONERS.**—All branch drains, and all privies and cesspools within any Town shall be under the survey and control of the Municipal Commissioners, and shall be repaired, and made efficient at the cost of the owners of the lands and buildings to which the same belong. If any such owner neglect, during eight days after notice in writing to repair and make the same efficient in such manner as may be required by the Municipal Commissioners, the Municipal Commissioners shall cause such drain, privy, or cesspool, to be made efficient, or if necessary removed, and the expense of such removal or repair shall be paid by the owner or occupier so making default, and shall be recoverable as a debt due to the Municipal Commissioners.

**XCVI. PENALTY FOR MAKING DRAINS, &c., CONTRARY TO COMMISSIONERS' ORDERS.**—If any such drain, privy or cesspool is constructed after the passing of this Act contrary to the directions and the regulations of the Commissioners, or contrary to the provisions of this Act, or if any person, without the consent of the Commissioners, constructs, re-builds, or unstops any drain, privy or cesspool, which has been ordered by them to be demolished or stopped up, or not to be made, every person so doing shall be liable to a penalty not exceeding fifty (50) Rupees. And the Commissioners may cause

such drain, privy, or cesspool to be removed, or may cause such amendment or alteration to be made therein as they think fit, and the expense thereof shall be paid by the person by whom such drain, privy, or cesspool was improperly constructed, re-built, or unstopped, and shall be recoverable as a debt due to the Municipal Commissioners.

**XCVII. THROWING RUBBISH INTO SEWERS.**—Whoever throws or puts, or permits his servants to throw or put any earth, dirt, or other filth, rubbish, or night-soil into any sewer not specially appropriated for such purpose by the Municipal Commissioners, shall be liable to a penalty not exceeding ten Rupees for each offence.

**XCVIII. INSPECTION OF DRAINS, PRIVIES, AND CESSPOOLS.**—The Municipal Commissioners or any Officer appointed by them for that purpose, may inspect all privies, drains, and cesspools, within any Town at any time between sun-rise and sun-set, after six hours' notice to the occupier of any premises in which such privies, drains, or cesspools are situated, and may, if necessary, cause the ground to be opened where they or he think fit for the purpose of preventing or removing any nuisance arising from such privies, drains, or cesspools.

**XCIX. ALL PUBLIC STREAMS, &c., TO BE UNDER DIRECTION AND CONTROL OF THE COMMISSIONERS.**—All public streams, channels, water courses, tanks, reservoirs, springs, and wells, in any Town shall, for the purpose of this Act, be under the direction and control of the Municipal Commissioners.

**C. BATHING PLACES, &c.**—The Municipal Commissioners shall have power to set apart a sufficient number of convenient tanks, or parts of rivers, streams, or channels, not being private property, for the inhabitants to bathe in, and also to set apart tanks or other places for washing animals or clothes, or for any other purpose connected with the health, cleanliness, or comfort of the inhabitants.

**CI. FOULING WATER BY BATHING, &c.**—Whoever, except as permitted by the Municipal Commissioners, bathes in any public stream, channel, water course, tank, reservoir, spring, or well, or in any other manner fouls the water thereof, shall be liable to a fine not exceeding ten Rupees for each offence.

**CII. POWER TO REQUIRE UNWHOLESOME TANKS ON PRIVATE PREMISES TO BE CLEANSED OR DRAINED.**—It shall be lawful for the Municipal Commissioners to require, by notice in writing, the owner of any premises to cleanse any private tank, and to drain off and remove any waste or stagnant water within any such premises which may appear to be injurious to health or offensive to the neighbourhood; and if such owner refuse or neglect to comply with such

requisition during eight days from the service thereof, the Municipal Commissioners, their officers and workmen, may enter such premises, and do all necessary acts for all or any of the purposes aforesaid as they shall think fit, and the expense incurred thereby shall be paid by the owner of such premises so making default, and shall be recoverable as a debt due to the Municipal Commissioners.

CIII. STAGNANT POOLS IN OPEN PLACES.—The Municipal Commissioners shall, from time to time, as they think fit, cleanse, fill up or drain all receptacles of stagnant water, not being within any private enclosure, which shall appear to them likely to prove injurious to the health of the inhabitants, whether such receptacles be the private property of any person, or otherwise.

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CXII. SALE OF UNWHOLESOME FOOD AND DRINK.—It shall be lawful for the Municipal Commissioners, or for any person appointed by them for that purpose, at all reasonable times to enter into and inspect any market, building, shop, stall, or place used for the sale of any drink, or of butcher's meat, poultry, fish, vegetables, or other articles of food, and if it appears that any such drink, meat, poultry, fish, vegetables, or other article intended for the food of man is unfit for such food, to order the same to be destroyed, or to be so disposed of as to prevent its being exposed for sale or used for such food, and the owner thereof, or the person in whose possession the same is found, shall be liable to a penalty not exceeding fifty Rupees.

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CXIV. PENALTY FOR ESTABLISHING CERTAIN OFFENSIVE OR DANGEROUS TRADES.—Within such limits as may, for the purposes of this Section, be fixed by the Municipal Commissioners, no premises shall be newly used, except under license from the Municipal Commissioners, for any of the following purposes; viz., for melting tallow, for boiling offal or blood, or as a soap house, oil boiling house, dyeing house, tannery, brick, pottery, or lime kiln, or other manufactory or place of business from which offensive or unwholesome smells arise, or as a yard or depôt for hay, straw, wood, or coal; and whoever shall, without a license, use any such premises for such purpose, shall be liable to a fine not exceeding fifty Rupees, and a further fine not exceeding twenty Rupees for every day after the conviction for such offence during which the said offence is continued.

CXV. LICENSES TO BE GRANTED.—Licenses shall be issued by the Municipal Commissioners to all persons permitted to carry on the trades aforesaid; and in these licenses shall be fully stated the conditions under which it shall be lawful to carry on such trades. And whoever, without such license, carries on any such trade within the Town, shall be liable to a penalty



not exceeding fifty Rupees; and to a further penalty not exceeding ten Rupees for every day after conviction for such offence during which such trade is continued.

**CXVI. CASE OF DANGEROUS TRADES ALREADY EXISTING.**—If, prior to the coming into operation of this Act, any such trade as has been carried on within the limits of any Town, and it is shown, to the satisfaction of the Municipal Commissioners, that such trade is a nuisance, or dangerous to the neighbourhood, the Municipal Commissioners shall bring these facts to the notice of the Magistrate, for the purpose of causing such nuisance to be removed as provided in Chapter XX., Act XXV. of 1861, (*The Code of Criminal Procedure.*)

**CXVII. NO BURIAL OR BURNING PLACE HENCEFORTH TO BE FORMED WITHOUT LEAVE OF MUNICIPAL COMMISSIONERS.**—No burial or burning ground, whether public or private, shall be made or formed after the passing of this Act, without permission, in writing, from the Municipal Commissioners; and whoever shall bury or burn, or cause, permit, or suffer to be buried or burned any corpse in any burial or burning ground made or formed without such license, shall be liable to a fine not exceeding fifty Rupees.

**CXVIII. MUNICIPAL COMMISSIONERS MAY ORDER CERTAIN BURIAL OR BURNING GROUNDS TO BE CLOSED.**—If, upon the evidence of competent persons, it shall appear to the Municipal Commissioners that any burial or burning ground is in such a state or position as to be dangerous to the health of persons living in the neighbourhood thereof, and also that a suitable place for interment or burning, as the case may be, exists within a convenient distance and is available, the Commissioners may, by notification to be affixed on some conspicuous part of the ground, appoint a time, not being less than two months, for the closing of such burial or burning ground; and whoever, after the time so appointed, buries or burns, or causes or permits to be buried or burned, any corpse therein, shall be liable to a fine not exceeding fifty Rupees.

**CXIX. BURIAL PLACES, &c., TO BE PROVIDED.**—The Municipal Commissioners shall, from time to time, from the funds at their disposal and with the sanction of the Governor in Council, provide fitting places to be used as burial or burning grounds, for the use of the inhabitants of the Town.

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**CXXVI. Erection of new huts.**—It shall not be lawful for any person to erect within any Town any hut, or any range or block of huts, on any plot or parcel of ground on which no huts are standing, without previous notice to the Municipal Commissioners; and the Municipal Commissioners may require such hut or huts to be built, so that they may stand in regular lines with a free passage or way in front of each line of such width as the Municipal

Commissioners may think proper for salutary ventilation, and to facilitate scavengering, and at such a level as will admit of sufficient drainage. Any huts which may be erected in contravention of this Section shall, after one month's notice to the builder thereof to remove the same, be removed by the direction of the Municipal Commissioners; and the expense incurred in doing so shall be paid by the person who caused the same to be built, and shall be recoverable as a debt due to the Municipal Commissioners.

CXXVII. POWER AS TO EXISTING HUTS.—Whenever the Municipal Commissioners are satisfied from inspection, or by report of competent persons, that any existing block of huts in any Town is, by reason of the manner in which the huts are crowded together, or of want of drainage and the impracticability of scavengering, attended with risk of disease to the inhabitants or the neighbourhood, they may, with the sanction of the Government, cause a notice to be fixed to some conspicuous part of such blocks of huts, requiring the owners or occupiers thereof, or, at the option of the Municipal Commissioners, the owner of the lands on which such huts are built, within a reasonable time to be fixed by the Municipal Commissioners for that purpose, to execute such works as the Municipal Commissioners, with such sanction as aforesaid, may deem necessary for avoidance of such risk. And, in case such owners or occupiers or the owner of the land shall refuse or neglect to execute such works within the time appointed, the Municipal Commissioners may cause the said huts to be taken down, or such works to be performed in respect of such huts as the Municipal Commissioners may deem necessary to prevent such risk. If such huts be pulled down, the Municipal Commissioners shall cause the materials of each hut to be sold separately, if such sale can be effected; and the proceeds shall be paid to the owner of the hut, or, if the owner be unknown or the title be disputed, shall be held in deposit by the Municipal Commissioners, until the person interested therein shall obtain the order of a Court of competent jurisdiction for the payment of the same. Provided that the Municipal Commissioners shall make reasonable compensation to all persons who shall suffer damage by any of the aforesaid works executed under the direction of the Municipal Commissioners.

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CXXXI. POWER TO TRIM HEDGES AND TREES BORDERING ON ROADS.—The Municipal Commissioners shall give notice, in writing, to the owner, if known and within the limits of their jurisdiction, and also to occupier of any land, to trim or prune any of the hedges thereof that may be planted along any public road or street so that they may not exceed the height of six feet from the level of the ground, and to cut and trim all trees, which, by overhanging any public road or street, obstruct the passage or cause damage thereto. And, in the event of such notice not being complied with within eight days from

the date thereof, the Municipal Commissioners may cause the said hedges and trees to be cut and trimmed in the manner required; and the expense incurred by the Municipal Commissioners in respect thereof, shall be paid to them by the owner or occupier of such land making default; or may be recovered from the sale of such loppings, ~~and~~ as a debt due to the Municipal Commissioners.

**CXXXII. POWER TO REMOVE NOXIOUS VEGETATION, &c.**—Whenever any lands or premises, being private property or within any private enclosure, appear to the Municipal Commissioners to be, by reason of noxious vegetation, or want of drainage, in a state injurious to health, it shall be lawful for the Commissioners to give notice, in writing, to the owner, if known and within the limits of their jurisdiction, and also to the occupier of the premises, to clear and remove such vegetation or to drain such premises; and if such owner or occupier do not, within one week after such notice, begin to cut, clear, and remove such vegetation or to drain such land, and do not complete such work with due diligence, the Commissioners, their Officers, and workmen, may, after forty-eight hours' notice, enter into the said premises and do all necessary acts for the purpose aforesaid as they shall think fit; and the expense incurred thereby shall be paid by the owner or occupier of such premises, or shall be recoverable as a debt due to the Municipal Commissioners.

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**CXXXIV. Powers of the Police.**—It shall be lawful for any Police Constable or Officer to arrest, without warrant, any person guilty of any offence committed within his view against any provision of this Act, or any Bye-law under this Act. Provided that it shall be lawful for any Police Officer, under the general or special instructions of the Commissioners, to lay any information before a Magistrate, and to apply for summons, warrant, search warrant, or such other legal process as may by law issue and may be expedient under the circumstances, against any person committing any offence under this Act, and to prosecute such offenders up to final judgment.

**CXXXV. DUTIES OF POLICE.**—It shall be the duty of all Police Officers to give immediate information to the Commissioners of any offence committed contrary to the provisions of this Act.

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**CXLII. Power to make compensation out of the Municipal Fund.**—The Municipal Commissioners may make compensation out of the Municipal Fund, to any person sustaining any damage by reason of the exercise of any of the powers vested in the Commissioners, their Officers, or servants, under this Act.

**CXLIII. MUNICIPAL COMMISSIONERS EMPOWERED TO MAKE BYE-LAWS.—**

It shall be lawful for the Municipal Commissioners to make Bye-laws, and to repeal, alter, and amend the same, subject to the confirmation hereinafter mentioned, for regulating the time and mode of collecting the rates and taxes mentioned in this Act, for regulating the conduct of persons employed by

them, for the management of all matters connected with conservancy, and for carrying out all purposes of this Act, and to affix fines as penalties for the infringement of such Bye-laws. Provided that no Bye-law shall be repugnant to any law in force, and that no fine for any one infringement of a Bye-law shall exceed twenty Rupees, and that, in case of a continuing infringement, no fine shall exceed ten Rupees for every day after notice from the Commissioners of such infringement.

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**CXLV. CONFIRMATION AND PUBLICATION OF BYE-LAWS.—**

No Bye-law or alteration of a Bye-law shall have effect until the same shall have been approved and confirmed by the Governor in Council, and shall have been published for such length of time and in such manner as the Governor in Council shall order.

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**324. TOWNS TO WHICH THE ACT APPLIES.—**The regulations contained in the above act have been made applicable to the following towns.

Adoni.	Combaconum.	Madura.	Rajahmundry.
Anantapoor.	Conjeeveram.	Manargoody.	Salem.
Bellary	Coonoor.	Mangalore.	Tanjore.
Berhampore.	Cuddalore.	Masulipatam.	Tellicherry.
Bimlipatam.	Cuddapah.	Mayaveram.	Tinnevelly.
Calicut.	Cumbum.	Negapatam.	Trichinopoly.
Cannanore.	Dindigul.	Nellore.	Tuticorin.
Chicacole.	Ellore.	Ootacamund.	Vellore.
Cocanada.	Ghooty.	Palamcottah.	Vizagapatam.
Cochin.	Guntoor.	Palcondah.	Vizianagram.
Coimbatore.	Kurnool.	Paulghaut.	Wallajahpett.

**NOTE.**—It is proposed to include the following clause in the revised Act :—

**“ POWER TO ENTER AND CLEANSE BUILDINGS.—**It shall be lawful for the Municipal Commissioners, at any time between sunrise and sunset, by themselves or their servants, on giving such notice as hereinafter provided, to enter into and inspect all buildings, and, by an order in writing, to direct all or any part to be forthwith internally or externally lime-washed or otherwise cleansed for sanitary reasons; and, if the owner or occupier of such building neglect to do so within eight days from the time when such order shall have been served upon him, the Commissioners may cause the same to be done, and the expenses incurred shall be paid by the owner or occupier, and shall be recoverable as hereinafter provided.”

### IX.—Conservancy (Dry Earth System).

325. **Principles of Dry Earth Conservancy.**—The power of dry earth to render dormant decomposition in excrementitious matters, and to keep latrines and urinals free from smell is almost absolute. But certain conditions are necessary to the full deodorant power of earth, and these are—

- I. Dryness.
- II. Its application in sufficient quantity.
- III. Its *immediate* application.
- IV. Its reduction to powder.
- V. The selection of a suitable earth.

326. **DRYNESS.**—To secure dryness it is only necessary to procure and store the earth in dry weather and protect it from wet. A certain amount of moisture, as that taken up from the atmosphere, is not, in India, of practical importance.

327. **REDUCTION TO A STATE OF POWDER.**—The state of division to which the earth is brought is of importance. The more it is pulverized the better, especially if it be required for use in self-acting closets. For general use in latrines this fine state of division is not so necessary. Still screened and sifted earth is more efficacious than that which has not thus been prepared. Sufficient division is generally attainable without the use of sieves.

328. **KIND OF EARTH TO BE SELECTED.**—Earths vary in their deodorizing powers. Hence selection is necessary. Soils rich in organic matter possess the property in a high degree. Clays act better than loams and loams than sand. The mixture of earth and ordure removed from the latrines, if dried and kept dry, may be used over and over again. But omitting that compost, the following soils may be enumerated in order of eligibility :—

- I. Rich garden mould.
- II. Peaty soils.
- III. Black cotton soils.
- IV. Clays.
- V. Stiff clayey loams.
- VI. Red ferruginous loams.
- VII. Sandy loams.
- VIII. Sands.

329. **CONDITIONS OF SUCCESS.**—Other conditions are essential to the efficient working of the system. The most essential is *dryness* not only of the earth but of the system. No water must be used in or about the latrines. Any accidental dripping of fluids must be covered and absorbed by dry earth.

The privy pans and other utensils must be cleaned and scoured with dry earth—the floors of the latrines dusted with earth and swept—*never washed*.

330. RECEPTACLES FOR CONTENTS OF PRIVY PANS.—Receptacles, and preferably of iron, are necessary in the latrines to receive the contents of the privy pans from time to time, and for removal of the compost to the carts. The receptacles should be painted with coal tar inside.

331. DISPOSAL OF POUDRETTE.—The disposal of the mixture is generally by burial in pits, the object being to get rid of it under ground as speedily as possible. In many stations no commercial value attaches to the compost in this country.

But actually it constitutes a most valuable manure, capable of being immediately applied to the soil. It is, therefore, the duty of the authorities, charged with the conservancy of Barracks, Hospitals, and Public Institutions, to impress upon those interested, the value of this compost as a manure, and so far as lies in their power to bring about its use as a fertilizer of the soil, instead of wasting it by burial in pits.

332. MAY BE USED IN SOLDIERS' GARDENS.—Its utilization in Soldiers' gardens may be sanctioned under supervision. It should be ploughed or dug into the soil rather than spread on the surface. But the safest plan will be to prepare lines of shallow trenches, such as the furrows made by the plough, to deposit the manure in them, and then to cover it over. On irrigation, or after rain-fall, the water will dissolve out any soluble matter, and convey it to the roots of the growing plants, while the gases given off by decomposition of the excreta will be absorbed by the soil and appropriated also by the plants. Utilization of the contents of the pits in this way will not, it is believed, be attended by any risk.

333. SITES FOR, AND CONSERVANCY OF, FILTH PITS AS THEY ARE TERMED.—The selection of sites for deposit of the 'Poudrette' must be made, not only with reference to distance from Lines and Barracks, but also with regard to the nature of the strata composing the sub-soils and rocks.

The '*dip*' or inclination of the beds, with reference to the direction of lines of drainage of sub-soil waters, should be especially noted, and, in all instances, sites on which the '*dip*' of the strata is away from the lines should be selected. This is necessary to secure the wells from contamination.

The levels and conformation of the surface do not always indicate the inclination of the lower strata, so that it is necessary that some skilled knowledge should be brought to bear upon the subject of selection of sites for deposit pits. This knowledge will be possessed by Engineer and Medical Officers.

**334. Coal-tar.**—Coal-tar should be applied to all utensils used. It is not a constituent part of the dry earth system, but it is an important adjunct, and its use should not be neglected. All works in the privies and the walls themselves, to the height of three feet, should be painted with it.

In all privies and urinals attached to European Barracks, the portions G. O. C. C., No. 80 of wall or flooring, liable to be soiled by urine or ordure, of 30th March 1864 shall be painted periodically, once in a week or ten days, with fresh coal-tar, the quantity required and its application being ascertained in communication with the Medical authorities of corps.

**335. No LIME TO BE USED.**—No preparation of lime should be used in the flooring of urinals, nor should lime in any shape be used in their purification, as it hastens the decomposition of urine.

**336. PRINCIPLES ADAPTED FOR ANY BUILDING.**—The foregoing principles are applicable to any buildings used upon the dry earth system.

The system is a most elastic one, and by attention to the essential principles already given, any latrine can be converted into a dry earth latrine. All that is necessary to secure freedom from smell in the building is :—

That earth be added in sufficient quantity to cover and absorb solid and fluid feculence.

That the application be immediate.

That the mass of earth and ordure be periodically removed.

This being understood, considerable latitude is given in the adaptation of buildings to dry earth latrines. In fact, in the absence of privies, specially designed for the purpose, the system is capable of being applied to any convenient building.

**337. USE OF ASHES, OR CHARRED VEGETABLE MATTER.**—Whenever convenient, wood ashes, or partly used charcoal may be substituted for earth in latrines. Ashes and powdered charcoal will absorb moisture most freely. In private houses and establishments the refuse ashes of the cook-room will generally be sufficient in quantity for the dryage of the excreta, whereby the expense of carriage of earth to and fro for the purpose, may be obviated.

**338. Urine.**—*Fresh urine*, if diluted with double its quantity of water, may be used, at a distance of from 100 to 200 yards from Barracks and Hospitals, to irrigate grass land. It is most conveniently applied by means of a portable garden hose and pump. A proportion of carbolic acid, one dram to each five gallons of fluid, may be added in hot weather to the urine tubs, to arrest decomposition. If this mode of disposing of urine be adopted, the urine tubs should be half filled every morning with clean water and kept clean of all deposits.

**339. URINE TUBS MAY BE FILLED WITH EARTH.**—If the plan of dealing with urine alluded to in the foregoing para. is not adopted, the urine tubs should

be filled half full of earth, and when the earth is saturated by urine, the contents of the tubs should be spread out to dry, at some distance from Barracks or Hospitals. When thoroughly dried the earth may be used in the same way, several times over, when it becomes a most valuable manure.

340. **DRY EARTH CONSERVANCY TO BE ADOPTED GENERALLY.**—Dry earth conservancy is to be adopted in all Barracks, Hospitals, Jails, and public Institutions, subordinate to the Madras Government, when the means of carrying it out exists.

## X.—Water-supply.

341. At every Military and Civil Station, the principal sources of water-supply shall be carefully conserved, and all water in general use for drinking purposes shall, from time to time, be subjected to chemical analysis with the view of detecting changes therein which may be injurious to health. The requisite apparatus for the analysis of water will be kept at the principal stations, and Medical Officers will be appointed to conduct the analyses.

342. **“GUINEA WORM.”**—With the view to the prevention of the disease known as “Guinea Worm,” it is directed that the ground around all wells in Military Cantonments be paved, and that the waste water that falls on the so paved circuit of wells shall be carefully conveyed by drains to a distance.

343. **MARCHES—WATER BUCKETS.**—Galvanized Iron Buckets, each capable of containing five gallons of water, are allowed for the use of European troops on the march; they will be issued in the proportion of one to each Staff Serjeants’ Hospital, and Family tent, and two to each Privates’ tent.

344. **FILTERS.**—Chatty filters, the filtering media consisting of layers of sand and charcoal, are allowed for Barracks and Hospitals. The sand and charcoal should be changed periodically, to render filtration efficient.

## XI.—Contagious diseases. (Act XIV of 1868.)\*

*An Act for the Prevention of certain Contagious Diseases.*

Preamble. Whereas it is expedient to provide for the better prevention of certain contagious diseases; It is hereby enacted as follows :—

*Preliminary.*

Short title. I. This Act may be cited as “The Indian Contagious Diseases’ Act, 1868.”

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\* NOTE.—This act is designed to control the spread of venereal diseases amongst the civil population of large towns, where the provisions of Section f of Military Cantonment Regulations cannot be enforced. The Act is at present in force only in the town of Madras.



Interpretation-clause.

II. In this Act—

“MAGISTRATE.”—“Magistrate” means any person exercising the powers of a Magistrate or of a Subordinate Magistrate of the first class, and includes a Magistrate of Police in a Presidency Town :

“CONTAGIOUS DISEASE.”—“Contagious disease” means any contagious venereal disease :

“BROTHEL-KEEPER.”—“Brothel-keeper” means the occupier of any house, room or place to, or in which women resort, or are for the purpose of prostitution, and every person managing or assisting in the management of any such house, room, or place.

III. EXTENT OF ACT.—The places to which this Act applies shall be such places as the Local Government shall from time to time, with the previous sanction of the Governor-General of India in Council, specify by notification in the official Gazette. The limits of such places shall, for the purposes of this Act, be such as are defined in the said notification, and may from time to time, with such sanction as aforesaid, be altered by a like notification.

*Unregistered Prostitutes and Brothel-keepers.*

IV. PUNISHMENT OF UNREGISTERED PROSTITUTES AND BROTHEL-KEEPERS.—

In any place to which this Act applies, no woman shall carry on the business of a common prostitute, and no person shall carry on the business of a brothel-keeper, without being registered under this Act at such place, and without having in her or his possession such evidence of registration as hereinafter provided.

Any woman carrying on the business of a common prostitute, and any person carrying on the business of a brothel-keeper, without having been registered as aforesaid, or without having in her or his possession such evidence as aforesaid, shall, on conviction before a Magistrate, be punished with imprisonment for a term which may extend to one month, or with fine not exceeding one hundred rupees, or with both.

*Registration of Prostitutes and Brothel-keepers.*

V. LOCAL GOVERNMENT TO MAKE RULES FOR REGISTRATION AND APPOINT OFFICERS.—The Local Government shall make rules for the registration of common prostitutes and of brothel-keepers, and shall appoint officers for the conduct of such registration, and may, with the previous sanction of the Governor General of India in Council, assign salaries and establishments to the said officers. The Local Government shall also provide such books and forms as may be necessary for the purposes of this Act.

Every woman complying with such rules (so far as they relate to prostitutes) and every brothel-keeper complying with such rules (so far as they relate to brothel-keepers) shall be deemed to be registered under this Act, and the registering officer shall furnish her or him with such evidence of registration as the Local Government shall from time to time direct.

The name, age, caste (if any) and residence of every such woman and such other particulars respecting her as the Local Government shall from time to time direct, shall be entered in a book to be kept for that purpose.

The name and residence of every such brothel-keeper and the situation of the house, room or place in which he carries on his business shall be entered in a book to be kept for that purpose.

VI. CHANGE OF RESIDENCE.—Whenever any such woman changes her residence, she shall give notice thereof to such person, and in such manner as the Local Government shall from time to time direct, and the necessary alterations shall be made in the said book and in the evidence of registration furnished to her as aforesaid.

Any such woman failing to give notice as aforesaid shall, on conviction before a Magistrate, be punished with imprisonment for a term which may extend to fourteen days, or with fine not exceeding fifty rupees, or with both.

Whenever any brothel-keeper changes his residence or acquires or enters into the occupation of any such house, room, or place as last aforesaid, other than the house, room or place of which the situation has been registered as aforesaid, he shall give notice thereof to such person, and in such manner as the Local Government shall from time to time direct, and the necessary alterations or additions shall be made in or to the said book and in the evidence of registration furnished to him as aforesaid.

Any such brothel-keeper failing to give notice as last aforesaid shall, on conviction before a Magistrate, be punished with imprisonment for a term which may extend to one month, or with fine not exceeding one hundred rupees, or with both.

*Refusal to show Evidence of Registration.*

VII. PENALTY FOR REFUSING TO SHOW EVIDENCE OF REGISTRATION.—Any registered woman or brothel-keeper, who, without reasonable excuse, neglects or refuses to produce and show the evidence of her or his registration with which she or he shall have been furnished as aforesaid, when required so to do by such officer as the Local Government shall from time to time appoint in this behalf, shall, on conviction before a Magistrate, be punished with imprisonment for a term which may extend to fourteen days, or with fine not exceeding fifty rupees, or with both.

Information of the class of officers for the time being authorized to make requisitions under this section shall be furnished to registered women and brothel-keepers, under such rules as the Local Government shall from time to time prescribe.

*Special Provisions relating to Brothels.*

VIII. PENALTY FOR PERMITTING UNREGISTERED PROSTITUTES TO RESORT TO BROTHELS.—If any brothel-keeper, whether registered as such under this Act

or not, has reasonable cause to believe any woman to be a prostitute, and not to be registered under this Act, and induces or suffers her to resort, or be for the purpose of prostitution, to or in the house, room or place in which he carries on his said business, he shall, on conviction before a Magistrate, be punished with imprisonment for a term which may extend to six months, or with fine, which may extend to one thousand rupees, or with both.

Provided that nothing in this or any other section of this Act shall exempt the offender from any penal or other consequences to which he may be liable for keeping or being concerned in keeping a brothel or disorderly house, or for the nuisance thereby occasioned.

**IX. BROTHEL-KEEPERS LEGALLY BOUND TO FURNISH INFORMATION.**—Every such brothel-keeper shall be legally bound to furnish information on any subject relating to his business to such officers, and in such manner, and at such times as the Local Government shall from time to time prescribe in this behalf. Every such officer shall, for the purposes of this section, be deemed to be a public servant.

*Examination of Prostitutes.*

**X. EXAMINATION OF PROSTITUTES.**—The Local Government shall have power to appoint persons to make periodical examinations of registered women in order to ascertain whether, at the time of each such examination, they are affected with contagious disease.

**XI. LOCAL GOVERNMENT MAY MAKE RULES AS TO EXAMINATIONS.**—For each of the places to which this Act applies, the Local Government may make rules consistent with this Act respecting the times and places of examination under this Act at that place, and generally respecting the arrangements for the conduct of those examinations, and for recording the results thereof; and a copy of rules, purporting to be rules under this section, shall, if signed by a Secretary to such Government, be evidence of such rules for the purpose of this Act.

**REPORTS.**—The Local Government may also require the persons making such examination to send in reports to such persons at such times and in such form as the Local Government shall from time to time prescribe.

**PENALTY FOR DISOBEYING RULES.**—Any person not a medical officer appointed to make such examination, and any registered woman, disobeying any rule made under this section, shall, on conviction before a Magistrate, be punished with simple imprisonment for a term which may extend to one month, or with fine not exceeding one hundred rupees, or with both.

**XII. Certified Hospitals.**—LOCAL GOVERNMENT MAY PROVIDE AND CERTIFY HOSPITALS.—The Local Government may from time to time provide any build-

ings or parts of buildings as Hospitals for the purposes of this Act. Any building or part of a building so provided and certified in writing by a Secretary to the Local Government to be so provided, shall be deemed a certified Hospital under this Act.

CONTROL OF SUCH HOSPITALS.—Every certified Hospital so provided shall be placed under the control and management of such persons as to the Local Government shall from time to time seem fit.

XIII. MANAGEMENT OF HOSPITALS.—The Local Government shall make regulations for the inspection, management, and government of the Hospitals as far as regards women authorized by this Act to be detained therein for medical treatment or being therein under medical treatment for a contagious disease.

A copy of regulations purporting to be regulations made under this section shall, if signed by a Secretary to such Government, be evidence of such regulations for the purposes of this Act.

XIV. REGISTERED PROSTITUTES ON RECEIVING NOTICE TO GO TO HOSPITAL.—Any woman registered under this Act shall, on receiving notice from any such officer as the Local Government shall from time to time appoint in this behalf, proceed to the certified Hospital named in such notice and place herself there for medical treatment.

PENALTY FOR NEGLECT OR REFUSAL.—If after the notice is delivered to her, she neglects or refuses to proceed to the said Hospital within the time specified in the said notice, an officer of Police shall apprehend her and convey her with all practicable speed to such Hospital, and place her there for medical treatment.

XV. DETENTION OF PROSTITUTES UNDER MEDICAL TREATMENT.—Whenever any such woman affected with contagious disease places herself or is placed as aforesaid in a certified Hospital for medical treatment, she shall be detained there for that purpose by such medical officer of the Hospital as the Local Government shall from time to time appoint in this behalf, until discharged by him by writing under his hand.

Medical treatment, lodging, clothing, and food shall be provided gratis for every such woman during her detention in the Hospital,

XVI. PENALTY FOR LEAVING HOSPITAL BEFORE DISCHARGE.—If any woman authorized by such medical officer to be detained in a certified Hospital for medical treatment quits the Hospital without being discharged therefrom by the chief medical officer thereof, by writing under his hand (the proof whereof shall lie on the accused), or

PENALTY FOR DISOBEYING REGULATIONS OF HOSPITAL.—If any woman authorized by this Act to be detained in a certified Hospital for medical treatment,

or any woman being in a certified Hospital under medical treatment for a contagious disease, refuses or wilfully neglects while in the Hospital to conform to the regulations thereof approved under this Act ;

Then and in every such case such woman shall, on conviction before a Magistrate, be punished with imprisonment, in the case of a first offence, for any term not exceeding one month, and in the case of a second or any subsequent offence, for any term not exceeding three months ; and in case she quits the Hospital without being discharged as aforesaid, she may be taken into custody without warrant by any officer of Police.

On the expiration of her term of imprisonment under this section, such woman shall be sent back from the prison to the certified Hospital, and shall be detained there unless the medical officer of the prison at the time of her discharge from imprisonment certifies in writing that she is free from contagious disease (the proof of which certificate shall lie on her).

*Out-door Treatment of Prostitutes.*

**XVII. POWER TO PROVIDE FOR OUT-DOOR TREATMENT OF REGISTERED WOMEN.**

—It shall be lawful for the Local Government to empower such Surgeons or other persons as it shall from time to time appoint, to prescribe, by order to be served on any woman registered under this Act, who has not received a notice under section fourteen, the times and places at which she shall attend for medical treatment, and, if necessary, the medical treatment to which she shall submit.

Every such woman disobeying or failing to comply with any such order, shall, on conviction before a Magistrate, be punished with imprisonment for a term which may extend to a month, or with fine not exceeding one hundred Rupees or with both.

**XVIII. PENALTY FOR ACTING AS A PROSTITUTE WHILE UNDER MEDICAL TREATMENT.**—If any registered woman on whom such order as last aforesaid, shall have been served, conducts herself as a common prostitute before such Surgeon or other person empowered as last aforesaid certifies in writing to the effect that she is then free from a contagious disease (the proof of which certificate shall lie on her), she shall, on conviction before a Magistrate, be punished with imprisonment for a term which may extend to six months, or with fine not exceeding five hundred rupees, or with both.

**XIX. SUBSISTENCE ALLOWANCE.**—During the interval between the service of such order upon any registered woman and the granting of such certificate, an allowance for her subsistence shall be provided of such amount and in such manner as the Local Government shall from time to time prescribe.

**XX. Segregation of Prostitutes.**—PENALTY FOR RESIDING IN STREET OR PLACE AFTER PROHIBITION.—In any place to which the Local Government shall, by notification in the official Gazette, have specially extended this section, it shall be lawful for such officer as the Local Government shall from time to time appoint in this behalf, to cause a notice to be served on any registered woman, requiring her, after an interval of not less than seven days to be mentioned in the notice, not to reside in any street or place therein specified.

Any registered woman on whom such notice shall have been served, disobeying the requisition therein contained shall, on conviction before a Magistrate, be punished with imprisonment, in the case of a first offence, for any term not exceeding one month, and in the case of a second or any subsequent offence, for any term not exceeding three months.

**XXI. Removal from Register.**—The Local Government shall lay down rules prescribing a procedure in accordance with which any woman registered under this Act and desirous of ceasing to carry on the business of a common prostitute in the place at which she is registered and of having her name removed from the said book may have her name removed accordingly.

*Miscellaneous.*

**XXII. INSTITUTION OF PROSECUTIONS.**—No prosecution shall be instituted under this Act except at the instance of such officer as the Local Government shall from time to time appoint in this behalf.

**XXIII. PRESUMPTION AS TO SIGNATURES.**—In any proceeding under this Act, any notice, order, certificate, copy of signatures, or other document purporting to be signed by any person in the service of Government, or by any person whom the Local Government shall have, in exercise of the powers conferred on it by this Act, appointed to sign such document, shall on production be received in evidence and shall be presumed to have been duly signed by the person and in the character by whom and in which it purports to be signed, until the contrary is shown.

**XXIV. SERVICE OF NOTICE.**—Every notice and order required by this Act to be served on a woman shall be served by delivery thereof either to her personally or to some person for her at her usual place of abode.

**XXV. LIMITATION OF SUITS.**—Any suit against any person for anything done in pursuance of this Act, shall be commenced within three months after the thing done, and not otherwise. Notice in writing of every such suit and of the cause thereof shall be given to the intended defendant one month at least before the commencement of the suit.

**XXVI. POWER TO MAKE RULES.**—The Local Government shall have power from time to time to declare by what officer anything directed to be

done by this Act shall be done, and by what class of officers information regarding anything made an offence by this Act shall be exclusively furnished."

## **XII.—Lock Hospital Rules.\***

345. **Control.**—The control and superintendence of Lock Hospitals are vested in the Administrative Medical Officers of the Indian Medical Department.

346. **SUPERINTENDENCE.**—The Medical or Warrant Officer appointed to the immediate charge of a Lock Hospital shall have the management and control of the same under the Deputy Inspector General of the Division.

347. **MEDICAL OFFICER.**—The Medical Officer shall regularly visit the Hospital in the morning, and as often during the day or night as circumstances may render necessary. At the morning visit he shall see every patient, inspect the premises, and give such orders, and adopt such measures as may be required. He shall also at uncertain periods visit, inspect the meals of the patients, and see that the servants are attending to their duties.

348. **APOTHECARY OR MEDICAL SUBORDINATE.**—The medicines and medical stores will be under the care of the senior Medical, Subordinate, and he will be held responsible for the cleanliness, ventilation, and furniture of the rooms, hospital, and latrines. The Apothecary or Medical Subordinate in charge is personally held responsible for the preparation and administration of medicines, and he will make all medicinal or surgical applications ordered by the Surgeon, with the assistance of the Matron.

349. **Matron.**—A Matron shall be appointed, and reside permanently in the Hospital.

350. **DUTIES.**—Her duties shall be to preserve order and discipline amongst the inmates; to receive charge of the furniture, linen, wine, spirits and extras, when these are not furnished by the Commissariat Department;† to have the custody and superintend the issue of clean clothing, and to see that dirty clothes are removed twice a week by the dhobee; to see that the cots are tarred once a month, or oftener if necessary; that each patient has clean clothing and bedding on admission, and that the clothing of European and East Indian women is changed twice a week; that the cooking and diets are well arranged, and that meals are served regularly at the prescribed hours.

The Matron is further responsible that each patient on admission

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\* These rules are intended to be applicable to Hospitals established in conformity with Act XIV. of 1868, and also, generally, to Lock Hospitals in Military Cantonments.

† In Military Cantonments the Commissariat Department provides, and has the custody of, Hospital supplies.

shall be washed, and receive the Hospital dress; and that the doors of the various wards are opened in her presence at 6 A.M.

351. **Patients.**—(a.) Any woman, whether a registered or special registered prostitute, or unregistered, shall, on presenting herself for the cure of venereal disease, be admitted into the Hospital.

(b.) Tickets of registered or special registered prostitutes shall, on their admission into Hospital, be taken charge of by the Medical Officer of the Institution, and delivered to them on discharge, with the date of the said discharge duly entered thereon.

**INCURABLE DISEASE.**—(c.) In the event of any woman being incurably diseased, her ticket shall be sent to the Health Officer, with the word “incurable” legibly entered therein, and she shall be detained in Hospital pending instructions from the Health Officer.

(d.) The name of every woman admitted into Hospital shall be entered in the Admission and Discharge book, and also in the Case book, and notes of each case shall be recorded not less than once in every seven days.

(e.) Any woman, not a registered or special registered prostitute, who may apply for treatment for the cure of venereal disease, shall be at once reported to the Health or Sanitary Officer, and she shall not be discharged from Hospital till instructions be received from him.

(f.) On the admission of a woman, all clothing, money, or other valuables shall be handed over to the Matron, who will give a receipt for the same.

(g.) Patients may wear their own clothes, but they must have a change twice a week, and appear tidy and clean.

(h.) No food of any kind, whether eatables or drinkables, other than that provided by the Hospital, is permitted to be used by the patients.

(i.) Patients quarrelling with, abusing, or striking other patients or any of the attendants of the Hospital will be punished.

(j.) No visitors are allowed, except with the special sanction of the Medical Officer—visiting hours shall be restricted from 11 A.M. to 1 P.M., and from 4 to 5 P.M.

(k.) Patients are not to crowd on each other's cots. Perfect quiet shall be observed after 9 P.M.

**COMPLAINTS.**—(l.) Complaints of every kind must be made direct, by word of mouth, to the Medical Officer. No letters will be received from patients.

352. **Diet.**—The diet scale of Native patients in Lock Hospitals is laid down in Section XII. “HOSPITAL SUPPLIES”. European and East Indian women will be dieted according to the European scale of Hospital diet.



Tobacco, or betel and nut may be given to patients who have been accustomed to the use of them, but the giving of these articles is to be held out as a reward for correct conduct; and in the case of misbehaviour they should be withheld as a punishment.

**353. Sanitary arrangements.**—(a.) The cubic capacity and superficial area of all the rooms are to be accurately ascertained and entered in a register, which shall also specify the number of patients that each is capable of containing, and under no circumstances is the regulated number of inmates to be exceeded.

(b.) The space and area allowed for each patient are defined in para. 92 of this Section.

(c.) The accommodation of each room shall be painted upon the door post of each ward.

(d.) During the day, doors and windows shall be kept constantly open, and the bedding freely exposed to light and air.

(e.) The dry earth conservancy system to be carried out in all latrines.

(f.) Great attention should be paid to secure pure water for drinking and cooking purposes. A due proportion of country filters will be allowed, and care must be taken to keep them in a clean and efficient condition.

**354. Classification of Lock Hospitals.**—The Lock Hospitals in the G. O. G., No. 253 of 18th June 1867. Military Cantonments of the Madras Presidency are classified as follows:—Lock Hospitals in Civil Stations are not classified.

1st Class.	2nd Class.	2nd Class.
Bangalore.	Bellary.	St. Thomas' Mount.
Secunderabad.	Cannanore.	Thyetyyoo.
Kamptee.	Trichinopoly.	Tonghoo.
Rangoon.	Wellington.	Moulmein.

### XIII.—Vaccine Department.

**355. SUPERINTENDENT GENERAL.**—The Department of Vaccination in Madras is controlled by a Superintendent General, who conducts his duties immediately under the orders of the Inspector General, Indian Medical Department. The Superintendent General is a commissioned medical officer of the Indian Medical Department.

**356.** The Superintendent General is responsible to the Inspector General, Indian Medical Department, for the efficient performance of the duties of his establishment. He will visit the several Collectorates as often as may be practicable, and examine the work of the vaccinators, so as to test the accuracy of their returns, and the progress of vaccination generally. He is

empowered to draw up subsidiary rules for the guidance of superintendents, and vaccinators, and to issue such orders, subject to the approval of the Inspector General, as he may deem necessary for the more effectual propagation of the vaccine virus.

**357. Reports.**—The Superintendent General will submit to the Inspector General, Indian Medical Department, on or before the 15th of April, in each year, a comprehensive report on the work of his department for the official year preceeding. In this report he will specially notice the obstacles to the spread of vaccination, and the influence which has been exercised by vaccination in the limitation of small-pox, either in small, or large communities. He will also report at the end of every month, how he has been employed during the period, and the number of districts inspected.

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of 1868 in G. O., No.  
473 of 1868, P. D.

**358. STAFF.**—The following Staff of vaccinators is sanctioned.

23 Superintendents of districts.

100 1st Class Vaccinators.

155 2nd Class       ,,

3 Peons.

1 Sweeper.

**359. DISTRIBUTION.**—The distribution of the vaccinators in the several districts is arranged according to the following table.

Districts.	District Superintendents.	1st Class Vaccinators.	2d Class Vaccinators.	Districts.	District Superintendents.	1st Class Vaccinators.	2d Class Vaccinators.
Town, Madras ...	1	3	10	Trichinopoly ...	1	4	7
North Arcot ...	1	4	7	Tanjore ...	1	4	7
Nellore ...	1	4	7	Madura ...	1	4	7
South Arcot ...	1	4	7	Madras District ...	1	4	7
Kistna ...	1	4	7	Godavery ...	1	4	7
Vizagapatam Zemindary and				Ganjam... ..	1	4	7
Jeypore Province ...	1	6	...	Vizagapatam ...	1	4	7
Cuddapah ...	1	4	7	Bellary Sub-Collectorate ...	1	3	5
Coimbatore ...	1	4	7	Bellary Collectorate ...	1	3	5
Salem ...	1	4	7	Kurnool ...	1	4	7
South Canara ...	1	4	7	Tinnevely ...	1	4	7
Ganjam Zemindary, Hill				Malabar... ..	1	4	7
Tracts of Orissa... ..	1	6	...	General duties ...	...	...	5

			1st Class Vaccinator.	2nd Class Vaccinator.
Ootacamund	...	...	1	0
Kotagherry	...	...	1	0
Pulney Hills	...	...	1	1
Shervaroy Hills...	...	...	1	0
Amandivi Islands	...	...	1	0
Bangalore	...	...	1	1
Secunderabad	...	...	1	1
Kamptee	...	...	0	1

360. **PAY.**—Superintendents receive Rupees 70 per mensem, first Class Vaccinators 18 Rupees, and second Class Vaccinators 10 Rupees. Peons Rupees 7, Sweeper 3½ Rupees.

361. **SUPERINTENDENTS.**—In the appointment of Superintendents preference will be given to persons who have gained experience as vaccinators, and to persons of good general education and intelligence who have passed the general test required by the uncovenanted civil service rules.

362. **VACCINATORS.**—Vaccinators are required to possess some knowledge of English. Those only who possess a competent knowledge of English, and who have worked zealously and satisfactorily in the department will be advanced from the 2nd to 1st class, or from 1st class to be Superintendents.

363. **Duties of Superintendents.**—Superintendents with their establishments will itinerate from Talook to Talook of their districts, throughout the working season of each year, vaccinating all persons, on whom the operation has not been performed and who may be willing to have it done, and taking care that every village in a Talook is visited ere the Talook is quitted for another. District Superintendents will report to the Superintendent General the date of their entry into the various Talooks, and a similar report will be made on departure.

364. **WORKING SEASON.**—The working season will commence on the 1st July in each year, and terminate about the end of March of the year following.

365. **LYMPH SUPPLY.**—District Superintendents will make arrangements for keeping up a supply of lymph, during the non-working months.

366. Superintendents are to afford their aid whenever called upon by the Educational Department to examine school boys as to their bearing marks of small-pox, or vaccination.

367. **WEEKLY REPORTS.**—Superintendents will obtain a weekly report of work from each vaccinator, to enable them to check the same more efficiently.

368. **DIARY.**—Superintendents will keep a diary of their proceedings, in which they will enter a record of their daily work, and full information as to the locality in which they and the vaccinators under them are engaged. Weekly extracts of the diary will be furnished regularly to the Superintendent General.

369. **MONTHLY RETURNS.**—Superintendents will also furnish monthly returns (in the prescribed form) of the persons vaccinated, by their establishments and despatch them, so that they may reach the office of the Superintendent General, by the 15th of the following month.

370. **ANNUAL REPORT.**—Superintendents will furnish annual reports of their work drawn up according to the following form :

*Heads for drawing up Annual Reports.*

(a.) The comparative numbers vaccinated in the past and previous years, with remarks on the increase or decrease.

(b.) The comparative number vaccinated by each Vaccinator, with explanation of any marked difference.

(c.) Whether obstructions of any kind to the spread of vaccination exist, their nature, and the means recommended for their removal.

(d.) The prevalence of small-pox in the District.

(e.) Suggestions for the more effectual spread of vaccination.

(f.) Irregularities in the progress of the vaccine disease should be specially noticed, as well as any ill effects resulting from vaccination.

(g.) The number of subjects vaccinated under one year should be given.

(h.) Instances of small-pox after unmistakeable vaccination, or well marked cases of previous small-pox, should be alluded to in the report.

(i.) Conduct of the Vaccinators.

With the Annual Returns and Reports Superintendents will furnish in a tabular form, the following information :—

(k.) Deaths, resignations, desertions, and dismissals of Vaccinators.

(l.) Amount of batta expended to enable mothers to travel from village to village during the year.

## SECTION XI.

### MEDICAL STORES.

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- I.—Principal Medical Store-keeper.**
  - II.—Deputy Medical Store-keepers.**
  - III.—Surgical Instruments.**
  - IV.—Carriage of Stores.**
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1. **Duties of Store-keeper.**—The duties of Principal Medical Store-keeper include the custody of all medical and surgical stores, and veterinary supplies received from Europe, all stores of indigenous growth purchased locally, all medicines, &c. prepared locally, and of all returned stocks of medicines and instruments. The Principal Medical Store-keeper is also *ex-officio* Professor of Materia Medica in the Medical College.

2. **UNDER THE CONTROL OF INSPECTOR GENERAL.**—The Principal Medical Store-keeper conducts his duties immediately under the orders of the Inspector General, Indian Medical Department. No issues are to be made from the stock under his charge, without the authority of the Inspector General of the Indian or British Service, or of the Principal Veterinary Surgeon of the Presidency.

3. **INDENTS ON HOME GOVERNMENT.**—The Principal Medical Store-keeper submits to the Inspector General, Indian Medical Department, a rough draft of the annual indent on the Home Government, prepared so as to exhibit the quantities of the several articles required to bring the stock in the Presidency Depôt, up to the established proportion of two and half years' expenditure.

The column of requirements, and all explanations regarding the same, will be completed by the Inspector General, Indian Medical Department.

4. **ESTIMATES TO DEPARTMENTS OF SUPPLY.**—The Principal Medical Store-keeper will furnish to all departments of the Government, from which he is in the habit of drawing supplies, estimates of the quantities likely to be

required in the ensuing year, so as to enable the departments concerned to make provision for the supply in their Budget-estimates. Deputy Medical Store-keepers will furnish the Principal Medical Store-keeper with estimates of their probable requirements, both of European and indigenous drugs. The estimate for European and country medicines must reach the Principal Medical Store-keeper by the 1st June.

5. **ISSUE OF STORES.**—The Principal Medical Store-keeper furnishes supplies on annual indent to Deputy Medical Store-keepers, and issues, on indent, to all hospitals and departments in the Centre Division, and generally to all Military and Civil Stations in the Southern Districts, which are reached by railway from Madras. He also issues, under authority, supplies for the use of detachments of troops, travelling by sea or land.

6. **LANDING STORES.**—The Principal Medical Store-keeper, on receiving notice from the Master Attendant of the arrival of stores from Europe, will send one of his assistants to the Sea Customs House to receive charge of the same, and to see that they are carefully conveyed to the Store Dépôt. On arrival there, the cases are to be weighed. Should any of the cases be damaged to such an extent as to lead the assistant to suppose that the contents have sustained injury, he will not remove these from the Customs House, but report the circumstance to the Principal Medical Store-keeper, who will request the Master Attendant to summon a Committee of Survey, which will consist of the Principal Medical Store-keeper, the Master Attendant, and the Captain of the Ship from which the stores have been landed, or his agent. The proceedings of such a Committee will then be sent to the Inspector General, Indian Medical Department, in order that the necessary steps may be taken for the recovery of damages.

7. **INSPECTION OF STORES.**—The Principal Medical Store-keeper, on opening cases arriving from Europe, is to inspect their contents, and satisfy himself as to the quality of the articles. Any deficiencies, damages, or breakages are at once to be reported to the Inspector General, and to the Examiner of Medical Accounts, with the monthly return.

8. **INDIGENOUS DRUGS.**—The Principal Medical Store-keeper will, in like manner, carefully examine all articles of indigenous supply, as received from contractors or from other departments, and he is held responsible that none but articles of unexceptionable quality are received into Store.

9. **STOCK BALANCE.**—On the last day of each official year, the Principal Medical Store-keeper will make a return to the Inspector General, Indian Medical Department, exhibiting the stock received, expended, or become inefficient, within the year, and showing the actual balance of each article remaining in Store. The Inspector General will select from ten to twenty articles for verification, and either examine the balances himself, or depute an officer of his depart-

ment to do so. Should the balances be found to correspond with the quantities indicated in the accounts kept by the Medical Examiner, no further verification is needed; but, should the discrepancies be noticeable, either as to the amount, or the number of articles examined, then it will be necessary that the whole of the stock should be examined by a Committee nominated for the purpose. This rule applies also to provincial Depôts, and the Deputy Inspector General of the circle will select the articles to be verified.

10. LIST OF DRUGS FOR VERIFICATION.—In selecting the articles to be examined by the verifying officer, the Inspector General, or Deputy Inspector General, is to seal and deliver the list into the hands of the person deputed to perform the duty. The officer so deputed is to make careful scrutiny of the stores, and to enter in his own hand-writing the quantities remaining, and the condition of the stores mentioned in the list. Having completed the examination, he is to return the list to the Inspector General, or Deputy Inspector General, Indian Medical Department.

11. SAFE CUSTODY OF STOCK.—The Principal Medical Store-keeper is enjoined to exercise the utmost care in the custody of the stock committed to his charge. He is to adopt every precaution to preserve the drugs, chemicals, and instruments, from deterioration by the effects of climate, moisture, &c. In the preparation department, the strictest supervision is to be used to prevent waste, or improper use of the materials given out for the manufacture of pharmacopœial preparations.

12. PERSONAL RESPONSIBILITY OF STORE-KEEPERS.—All Medical Store-keepers are personally responsible for the safe custody of the property committed to their charge, and are liable to be called upon to make good the value of articles, the loss of which is not satisfactorily accounted for.

13. ISSUE OF STOCK.—In the issue of supplies, Medical Store-keepers will always expend the articles longest in store, provided that they are perfectly serviceable, and fit for issue.

14. CONDEMNED MEDICINES.—All medicines, which have been condemned as damaged or useless, are to be destroyed, under instructions from the Inspector General, in the presence of the Principal Medical Store-keeper, or Deputy Medical Store-keeper. All packing cases, instruments, utensils, &c., which cannot be repaired or again be made use of for the public service, are to be sold by public auction, under instructions from the Inspector General, Indian Medical Department, and the proceeds are to be deposited to the credit of the Government in the Madras Bank, or a Government Treasury, the Medical Store-keeper receiving a receipt, in duplicate, for the amount, one of which is to be sent to the Examiner of Medical Accounts.

15. REPAIR OF INSTRUMENTS.—All repairable surgical instruments will, as far as possible, be made serviceable by the cutlers of the Presidency Medical

Stores, and all demands for such repairs by Deputy Medical Store-keepers and Executive Medical Officers must be accompanied by an indent for the sanction of the Inspector General, Indian Medical Department. In case of repairs being required, for which there are no appliances in the Presidency Medical Stores, the Principal Medical Store-keeper will submit an indent, stating the probable cost of the work to be executed, for the sanction of the Inspector General, Indian Medical Department.

16. LOAN OF INSTRUMENTS.—Surgical Instruments, air beds, &c., may in some cases be given out on loan to Executive Medical Officers at the Presidency, and other places within reach of Store Depôts, who, in making such requisitions, will send to the Medical Store-keeper indents or receipts, in duplicate, for the sanction of the Inspector General, Indian Medical Department. Under urgent circumstances, Medical Store-keepers are authorized to make such loan on their own responsibility, but must immediately afterwards make a report of the circumstance to the Inspector General, Indian Medical Department, or Deputy Inspector General of the Circle. Store-keepers are responsible that articles lent in this way, are returned again to stock.

17. ISSUES OF MEDICINES ON PAYMENT.—Medicines are allowed in some cases to be issued on payment. The Inspector General before sanctioning indents of this description, requires to be satisfied that the stores in question are surplus to the established proportion; that the issue can be made without inconvenience to the public service; and, also, that the articles are not procurable in the local market. The indents of private individuals, when sanctioned, are valued by the Examiner of Medical Accounts at 35, and some at 55 per cent. in addition to cost price, to cover the charges of freight, customs duty, breakages, &c. The value of stores sold to private persons must be paid into the Madras Bank, or local treasury to the credit of Government, and a receipt, in duplicate, forwarded to the Store-keeper, before the indent can be complied with. Articles used in packing must be included in the sanctioned indent, so that the same may be valued, and the amount recovered of the purchaser.

18. LABELLING OF POISONOUS DRUGS.—The Principal, and all Deputy  
Cir. No. 179 of 23rd January 1863. Medical Store-keepers are enjoined not to issue any drugs, which have been known to give rise to accidents in dispensing, except in fluted bottles, or with the word "Poison" in large printed characters being affixed to the bottle, vessel, or box containing the drug. The word *poison* is to be in larger characters than the name of the medicine.

19. VERNACULAR LABELS.—For this purpose, labels of convenient sizes, on blue paper, are to be printed with the word *poison* in English, and one of the following vernaculars, Malayalum, Canarese, Tamil, Telugu, and Hindustani, and to be affixed to all ordinary bottles, &c., containing poisonous drugs issued from the Stores.



20. **FLUTED PHIALS.**—When *fluted* bottles and phials are used, the poison label may be omitted. None but poisonous drugs are to be issued in fluted bottles. These bottles are never to be used for any other purpose than the retention of poisons; and when no longer required, are to be returned by Medical Officers to Store Depôts. Such bottles are never to be sold with unserviceable articles.

21. **UNUSUAL DEMANDS ON STORE DEPOTS.**—In order that the Inspector General, Indian Medical Department (with whom rests the responsibility of keeping up an adequate supply of Medical Stores for all departments of the Government) may be kept acquainted with the state of the Store Department, it is directed that the Principal and Deputy Medical Store-keepers bring to the notice of the Administrative Medical Officers of their Circles any unusual demands that may be made on the stores under their charge.

22. **CHECKING OF INDENTS.**—The indents of Medical Officers of the British Medical Service are checked by the Administrative Medical Officers of that Service. A similar course will be followed as regards indents of officers of the Indian Medical Department, and of the Veterinary Department.

23. **VETERINARY SUPPLIES.**—The Inspecting Veterinary Surgeon shall, finally examine and pass all indents for veterinary medicines, instruments, stores, &c., required for current use, and his signature on the face of the indents, shall be sufficient authority to the Medical Store-keeper to comply with the same.

24. **INSPECTING VETERINARY SURGEON TO PREPARE ESTIMATE FOR VETERINARY SUPPLIES.**—In order that the veterinary stock in the Medical Stores may be properly replenished, it is directed that the Inspecting Veterinary Surgeon shall prepare an annual estimate of articles, local and home, required for the use of the Veterinary Department of the Presidency, and that this estimate shall be forwarded to the Principal Medical Store-keeper, by the 1st January of each year for incorporation in his estimate of local supplies and annual indent for stores from home.

25. **CUSTODY OF BLANK BOOKS, FORMS, &c.**—As a security against theft, all blank books, returns, records, &c., when of necessity not kept under lock and key, should be tied up cross-way with tape and sealed, so that any abstraction from the bundle may be easily observed.

26. **Indents. EXECUTIVE MEDICAL OFFICERS.**—The annual indents for Medical Stores of Executive Medical Officers are to be in duplicate, and to be dated 1st April in each year. Extra indents must also be in duplicate. Extra indents must be accompanied by letters explanatory of the necessity of the demand, and must invariably be

restricted to such articles as are *urgently* needed for the treatment of the sick. Medical Officers are to confine their requisitions to the list of drugs, &c., included in the printed indents. Supplementary lists are prohibited. (See Section XIII. "INDENTS.")

27. **DEPUTY MEDICAL STORE-KEEPER.**—The annual and extra indents of Deputy Medical Store-keepers are to be in duplicate, and the annual is to be dated 1st August, and despatched, so as to reach the Principal Medical Store-keeper not later than 15th September.

28. The indents of Deputy Medical Store-keepers are to be uniformly headed—

" 18 .

1st August.

*Annual indent for Medicines and Medical Stores for the use of the Civil and Military establishment in the ——— Division, to meet the requirements of the year ———.*"

*Ibid.*

29. **EUROPEAN STORES.**—The annual indent on the Home Government for Medical and Surgical Stores is to be dated and despatched on the 1st August.

30. **Depôts.**—Depôts of Medical Stores are maintained at the following stations :—

*Bangalore*—This depôt supplies the Military and Civil stations in the Mysore Division.

*Bellary*—supplies the Military and Civil departments of the Ceded Districts (except Cuddapah and Gooty.)

*Cannanore*—supplies the Military and Civil departments in the provinces of Malabar and Canara (except Calicut.)

*Vizagapatam*—supplies the principal Civil and Military stations in the Northern Districts (except Masulipatam and barriers of the Godavery.)

*Trichinopoly*—supplies the principal Military and Civil stations in the Southern Districts.

*Kamptee*—supplies the Military and Civil Departments of Nagpore subsidiary force, &c.

*Secunderabad*—supplies the Hyderabad Subsidiary Force, Hyderabad Contingent, and Civil departments in the Assigned Districts.

*Rangoon*—supplies the Military and Civil establishments of British Burmah, Andaman Islands, and Nicobars.

31. **CHARGE OF DEPOTS.**—A Deputy Medical Store-keeper and an Apothecary are allowed for the duties of each Medical Depôt. The Deputy Medical Store-keeper is either the Garrison Surgeon or the senior regimental Medical Officer of the Indian Department present.

32. **SUBSIDIARY RULES.**—It is competent for the Principal Medical Store-keeper to lay down subsidiary rules, approved of by the Inspector Gene-

ral, Indian Medical Department, for the conduct of the duties of the various members of his establishment, and also for Deputy Medical Store-keepers to direct the Apothecaries and servants attached to their establishments in their duties. It is understood that Government look to Store-keepers for the efficient conduct of their establishments, and hold them pecuniarily responsible for the safety of the property committed to their charge.

33. PACKAGES TO BE SEALED.—Medical Store-keepers will be held responsible for the correct issue of all supplies leaving their depôts; and, in order to prevent theft during transit, all packages and cases are to be properly secured with sealing-wax, bearing the impression of the office seal.

34. SHIPMENT OF STORES.—When supplies are ready for despatch, the Medical Store-keeper, if they are to be sent by sea, will forward the same with an application for their shipment and conveyance, and a tonnage statement, to the Master Attendant.

35. PACKAGES SENT BY LAND.—If to be sent by coolie, cart, or rail, a similar application will be made to the Executive Commissariat Officer, with indent, stating the weight in pounds of the packages and the nature of the carriage required. In case of supplies for the civil department, the cost of carriage will be paid to the Commissariat Department by the Medical Store-keeper, who will receive an annual grant to meet such charges.

36. PREPARED MEDICINES.—Prepared medicines for issue to small detachments or working parties will be made up at the Fort Dispensary, and sent to the Principal Medical Storekeeper for despatch.

37. ESTABLISHMENT.—An establishment as below is sanctioned for the Principal Medical Store-keeper. The pay of the Store Establishments is drawn on abstract by Medical Store-keepers.

No.	Designation.	Amount of Salary.			No.	Designation.	Amount of Salary.		
		Rs.	A.	P.			Rs.	A.	P.
1	Apothecary ...				1	Record-keeper ...	10	8	0
1	Assistant Apothecary ...				1	Artificer ...	28	0	0
1	2nd Uncovenanted Asst. ...	80	0	0	1	Do. ...	24	0	0
1	3rd Do. do. ...	60	0	0	1	Do. ...	16	0	0
1	4th Do. do. ...	50	0	0	1	Do. ...	12	0	0
1	5th Do. do. ...	35	0	0	1	1st Tindal ...	8	12	0
1	Head Writer ...	70	0	0	1	Cooly Lascar ...	7	0	0
1	Writer ...	45	0	0	15	Do. at 6-5-4 each...	95	0	0
1	Do. ...	30	0	0	3	Peons at 7-0-0 do. ..	21	0	0
1	Do. ...	24	8	0	14	CommissariatCoolies at 6-0-0 each (pay for Sundays and holidays being deducted)..	These labourers are employed as required & paid by the Commissariat Dept.		
1	Do. ...	17	8	0	1	Carpenter at 7 as. per diem.			
1	Do. ...	14	0	0	1	Cooper at 11 Rs. per mensem			

## 38. Establishments of Provincial Depôts.

Designation.	Trichinopoly.	Bellary.	Bangalore.	Cannanore.	Vizagapatam.	Kamptee.	Rangoon.	Secunderabad.*	Monthly Salary.
Apothecary .....	1	1	1	1	1	1	1	1	Pay of Class.
Clerk.....	...	...	...	...	...	...	1*	1†	* Rs. 75. † Rs. 20.
Compounders .....	...	...	...	...	...	...	2	...	Rs. 12-8 each.
Peon.....	...	...	...	...	...	...	1	...	Rs. 7-8.
Cooly Lascars.....	4	3‡	3	3	3	3	3§	4	Rs. 6-5-4 ‡ Rs. 6 ea. § Cooly Lascars in Rangoon get Rs. 12 per mensem.

39. LIST OF RETURNS.—The following returns will be furnished by the Principal and Deputy Medical Store-keepers.

*Principal Medical Store-keeper.*

At what time.	To whom.	Subject.
Weekly ...	Inspector General Indian Medical Department.	Weekly Report of Indents received, despatched, and remaining uncomplished with.
Monthly ...	"	Monthly Return showing the alterations and additions of Establishment authorized by Government.
" 1st ...	Deputy Inspector General Presidency Dn.	Nominal Return of Medical Officers and Subordinates.
" 16th...	Examiner of Accounts Medical Department.	Monthly Return of Medical Stores of Receipts, Issues, and Remains.
Annual.		
April 10th...	Commissariat Department	Indent for Asiatic medicines, &c.
" " ...	Commissary of Ordnance.	" Artificers tools and tarpaulin's.
" " ...	Superintendent Gun Powder Manufactory.	" Nitre purified.
" " ...	Principal Medical Store-keeper, Calcutta.	" Mineral Acids, Extract of Cannabis Indica, and Opium, &c.
" " ...	Medical Examiners of Madras, Calcutta, and Bombay.	Statement showing what medicines and instruments Medical Store-keeper can spare to other Presidencies from surplus stock.
" " ...	Examiner of Medical Accounts, Madras.	Inventory of Surplus, deficiencies, and unserviceable articles.
" " ...	Superintendent Government Press.	Indent for Blank Printed Papers and Books.
" 15th...	Examiner Medical Accounts.	Annual Return of General and Veterinary stock of Medical Stores.
" " ...	"	" Medicines prepared in Store.
" " ...	"	Statement of Medical Stores supplied to Detachments proceeding to Burmah on Foreign Service.

\* An allowance of Rupees 15 per mensem for Stationery is sanctioned for the Store Department, at Secunderabad.

*Principal Medical Store-keeper.—(Continued.)*

At what time.		To whom.	Subject.
July	1st...	Barrack Master.	Indent for repairs and exchanges of Office furniture.
"	" ...	Inspector General Indian Medical Department.	Estimate of articles required from England.
August	1st...	"	Annual Indent on Home Government.
"	" ...	Barrack Master.	Annual Return of Office furniture.
"	15th...	Superintendent of Stationery.	Estimate of articles of country manufacture.
"	" ...	Inspector General Indian Medical Department.	Budget of the Office Establishment, and Budget for country medicines, &c.
September	1st...	Supt. of Stationery.	Estimate of articles of Europe manufacture.
"	15th...	Barrack Master.	Estimate of repairs and exchanges of Office furniture.
October	15th...	Superintendent of Stationery.	Indent for the actual requirements of articles of Stationery, both Europe and country manufacture.
"	15th...	Inspector General Indian Medical Department.	Detailed List of Carts and coolies required for Civil Departments.

*Deputy Medical Storekeepers.*

At what time.		To whom.	Subject.
Monthly.	...		
...	16th...	Examiner of Accounts Medical Department.	Monthly Return of Medical Stores of Receipts, Issues, and Remains.
Annual.	...		
April	...	Principal Medical Store-keeper.	Indent for Asiatic Medicines, &c.
...	10th...	Examiner of Medical Accounts.	Inventory of surplus, deficiencies, and unserviceable articles.
...	15th...	"	Annual Return of General and Veterinary stock of Medical Stores.
July	...	Principal Medical Store-keeper.	Estimate of articles required from England.
		Inspector General Indian Medical Department.	Annual Indent for Medical Stores, &c.
September	...	"	Budget of the Office Establishment, and for country medicines, &c.

40. RELINQUISHING CHARGE.—On a Medical Officer relinquishing charge of a Store Dépôt, he must obtain and forward to the Medical Examiner, a Certificate signed by the relieving officer in the following form :—

“Received from —— all the European and Indigenous Medicines, Surgical instruments, Utensils, &c., borne on the books of the —— Dépôt, as remaining on this date.

Station.

(Signed) ——”

Date.

### Surgical Instruments.

41. ATTACHED TO CHARGES, NOT TO INDIVIDUALS.—Surgical instruments will be attached to the charge, and not to the individual G. O. G., No. 379 of 16th October 1866. Medical Officer, by whom the charge is held. They will be supplied from the public stores on indents, countersigned by the Administrative Medical authorities, as follows:—

To a full Regiment of British Cavalry { One capital or complete case of Field  
or Infantry. { instruments, and two Pocket-cases.

Head-quarters of Brigade, Royal Artillery.

Battery of Horse Artillery.

Light Field Battery of Artillery.

A full Regiment of Native Cavalry or Infantry.

Wings of Regiments, whether European or Native, when detached from Regimental Head-quarters.

Garrison Batteries of Artillery when in charge of a separate Medical Officer.

Detachment of Troops in charge of a Medical Officer.

Jails, Civil Hospitals, and Dispensaries.

One capital and one Pocket-case.

Cir. No. 1,190 of 29th March 1867. For Jails and Civil Hospitals, Pocket-cases, one for each subordinate.

The above allotment refers only to capital and pocket-cases. Other instruments and appliances of approved utility will be issued in such numbers or quantities as may be deemed requisite by Administrative Medical Officers of Circles.

42. INSTRUMENTS HOW KEPT.—The instruments will be kept in the Surgery, subject to the rules in force to secure the condition and sufficiency of all other surgical equipment, &c., belonging to Hospitals. They are to be examined periodically by Inspecting Medical Officers, and are to be included in the periodical stock-taking and examination, in common with all other Medical Stores; a half-yearly return of the instruments in use, according to a form in the Appendix, is to be furnished regularly to the Medical Examiner.

43. HANDING OVER CHARGE TO SUCCESSOR.—On all occasions involving change of duties, the relieved Medical Officer is to obtain *triplicate* receipts, indicating the nature, completeness, and general condition of the instruments he has made over to his successor, one copy being forwarded to the Medical Examiner, one lodged in the Hospital records, and one retained as his own voucher.

44. ASSUMING CHARGE.—Executive Medical Officers on assuming charge of their appointments shall at once bring to the notice of the Deputy Inspector General of the Division, any deficiencies in instruments, and their condition, if damaged, with a view to

the recovery of their value from the responsible Officer. Officers neglecting this precaution will be held personally responsible for any loss or damage that may have occurred.

45. RETURN OF INSTRUMENTS TO STORE DEPOTS.—On the return to Regimental head-quarters of wings of Regiments and detachments, on relinquishing charge of a Garrison Battery to another Medical Officer having a charge with like instruments assigned to it, and, generally, on the completion of all duties which call for the maintenance of a separate set of instruments, the Medical Officer will return the instruments to the Presidency or Divisional Medical Store-keeper, from whom receipts, in duplicate, will be obtained, one to be forwarded by the Medical Store-keeper with his monthly returns, to the Medical Examiner, the other to be retained as the Medical Officer's voucher. Store-keepers on receiving such instruments into store, will submit a list of the same, showing their condition, for the orders of the Inspector General, Indian Medical Department.

46. LOSS OR DAMAGE.—When instruments are damaged or lost, a fixed rate of two-thirds of their original value will be recovered from the Medical Officer responsible for their safe custody, except in cases where articles of silver, such as probes or caustic-holders, which have an intrinsic value, have been lost, when their full value will be recovered, unless the injury or loss be explained (through the Inspecting Medical Officer) to the satisfaction of the Inspector General. When the losses are satisfactorily accounted for, the sanction of Government to the instruments being written off the Returns must be obtained;—cases of fair “wear and tear,” and petty deficiencies excepted.

47. PROMPT REPORT OF LOSS.—Medical Officers and subordinates are directed promptly to report to the Inspector General, through the Deputy Inspector General of the Circle any loss that may have occurred, or may hereafter occur, of instruments in their charge; and should the accompanying explanation be satisfactory, the necessary authority will be obtained for the writing off the deficiency to “profit and loss.”

48. Should the loss be *first* discovered by inspecting officers, or on return of instruments into store, or be brought to notice by relieving officers, the value of the missing instruments will be recovered from the responsible officer, without awaiting a reference to him for explanation.

49. UNSERVICEABLE INSTRUMENTS.—Instruments becoming unserviceable, or requiring repair, are to be returned into the public stores, the sanction of the Inspecting Medical Officer being requisite for this transfer, as well as for the issue, on

G. O. G., No.  
448 of 22nd Oct.  
1867.

Cir. 1084 of  
23rd March  
1868.

G. O. G., No.  
879 of 16th Oct.  
1866.

the indent of the Executive Medical Officer, of fresh instruments from the Stores.

50. HALF-YEARLY RETURNS.—“Half-yearly Returns of Surgical Instruments” are to be dated 1st April and 1st October. The Cir. 456 of 3rd Feb. 1868. Returns are to be forwarded to the Examiner of Medical Accounts, *through Deputy Inspectors General of Divisions*, who are particularly requested to inform the Examiner, when all the returns due from their respective circles, have been transmitted to him. Blank printed forms will be sent by the Examiner to Deputy Inspectors General for distribution in their respective divisions.

51. MEDICAL OFFICERS TO SEE THAT THEY DO NOT RECEIVE DAMAGED OR IMPERFECT INSTRUMENTS.—Executive Medical Officers will carefully examine all cases of instruments, and surgical appliances on receipt of issues from Store Depots. Medical Store-keepers will, in the event of receiving damaged or imperfect cases of instruments, immediately procure full explanation from the returning officer, and submit the same for the orders of the Inspector General before attaching it to the receipt forwarded to the Examiner of Medical Accounts.

### Carriage of Stores.

52. CARRIAGE OF STORES.—The carriage of all reserve stock of military hospital stores including medicines and instruments, will be provided for by the Commissariat department, at the expense of Government, upon indents countersigned by a Deputy Inspector General of Hospitals, or, in his absence, by the Officer Commanding. Duplicates of these indents shall be forwarded by the Deputy Inspector General to the head of that branch of the Medical Department, to which the indenting officer belongs; and the responsibility will rest upon the indenting officer until his requisition has received the sanction of that authority. The duplicate indent, when sanctioned, shall be returned to the Deputy Inspector General, for the purpose of being delivered to the Commissariat Officer, and will be the proper voucher for the supply.

53. CIVIL DEPARTMENTS.—Medical Store-keepers indent upon the Commissariat Department for the carriage of all civil Stores. The cost of carriage of civil medical stores is provided for in the civil estimates, and will be disbursed to the Commissariat Department by Medical Store-keepers.

54. BOXES.—Whenever it becomes necessary to indent for boxes for the carriage of medicines on carts, boxes of the dimensions of a six dozen chest, as noted in the margin, with padlocks and hinges, shall invariably be indented for, as being more easily procurable.

	Ft.	In.
Length	... 3	9
Breadth	... 1	6
Depth	... 1	6



55. **INDENTS FOR CARRIAGE.**—Indents for carts or coolies for the carriage of medicines, &c., submitted to the Inspector General of the British or Indian Medical Department for sanction, must be prepared agreeably to the form laid down for indents on the Commissariat Department in Section XIII., and Administrative Medical Officers are prohibited from forwarding indents, which are not in strict accordance with that form.

56. When detachments march from the Presidency or other stations, where public dépôts of medicines are maintained, the duty of indenting for carriage is to be performed by the Surgeon, or Assistant Surgeon, proceeding in charge of the detachment; or, in cases where Apothecaries or Hospital Assistants are to be in charge, by the Garrison or other Surgeon, who may have been in previous charge of the troops about to march.

57. Indents for coolies for detachments of regiments should bear upon them the particular duty of each cooly employed, and the nature and weight of carriage conveyed by him.

58. **SUPPLIES TO DETACHMENTS.**—Detachments of troops, moving from station to station, will be supplied with medicines from the Dépôts of Medical Stores at the Presidency and out-stations, packed in portable medicine boxes, agreeably to fixed scales furnished to the Principal and Deputy Medical Storekeepers. Detachments of corps proceeding short distances only, or journeying by rail or steamer should be supplied with the necessary medicines, &c., from regimental Stores.

59. **CARRIAGE OF MEDICINE CHESTS.**—All Regiments, European and Native, are provided with field medicine chests which, in marching or on active service, are to be carried by public bearers. Bearers for the conveyance of field Medicine chests, or coolies for carrying Medicines with detachments, are to be included in the general indent for carriage furnished by the Corps about to march, to the Commissariat.

60. **COOLIES FOR CARRIAGE OF MEDICINE BOXES.**—Coolies shall be provided for the carriage of medicines, with all parties of European or Native Troops, less than a complete Corps, moving from station to station, but which are sufficiently large to be under the charge of a Medical Officer, in the following proportions, viz.: with all detachments consisting of

Europeans.	Natives.	Coolies.
25 to 75	50 to 150	1
75 to 250	150 to 400	2
250 to 350	.....	3

61. The above coolies to be supplied in the same manner, and under the same forms, as prescribed for the carriage of the portable medicine chests attached to Corps, in G. O. G., No. 280 of 15th July 1862.

62. In detachments, either European or Native, less than the above, proceeding by ordinary marches, one cooly for the carriage of medicines shall, when necessary, be supplied.

63. DISPOSAL OF MEDICINES, &c., PROVIDED FOR A MARCH.—(a.) On the arrival of detachments at their respective destinations, the boxes, with the remains of the supply of medicines, will be delivered over to the Principal or Deputy Medical Store-keeper, as the case may be, or, at stations where there may be no Depôt of Medical Stores, to the senior Medical Officer present. These medicines to be brought on the hospital books of the Medical Officers by whom they are received, and accounted for under the head “received by transfer from detachments.”

(b.) Medical Subordinates returning medicines into Store are invariably Cir. No. 3,117 of to enter in the list, the particulars of the troops, and 1st September 1865. name of ship, when travelling by sea.

64. RAILWAY TO BE USED FOR DESPATCHING STORES, WHEN PRACTICABLE.—Medical Store-keepers are to avail themselves of the Railway or coasting Cir. No. 3,663 of steamer in forwarding Medical Stores, when this can be 5th September 1866. done with economy, and to facilitate the dispatch of stores to out-stations which are easily reached from the Presidency, the following arrangements are ordered :—

(a.) *In the Southern Districts*, the following stations will be supplied *direct* from the Presidency Depôt. Indents having been checked by the Deputy Inspector General of the Southern Districts, will be sent to the Principal Medical Store-keeper for compliance :—

Tripatore, Salem, Coimbatore, Pollachy, viâ Coimbatore, Neilgherry Hill Stations, Paulghant.

(b.) *In the Ceded Districts*, the following stations will be supplied from the Presidency Stores *direct* :—  
Cuddapah, Ghooty.

(c.) *In the Mysore Division*, the station of *Calicut* will be supplied from the Presidency. Medicines for Oossoor will be despatched from the Bangalore Depôt.

(d.) Masulipatam, and Upper Godavery Establishments in the *Northern Districts*, will be supplied from Madras.

65. Officers in charge of Medical Store Depôts will, as a rule, avail themselves of the most expeditious and economical mode of carriage at hand, whether this be by water, or land.

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## SECTION XII.

### HOSPITAL SUPPLIES.

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- I.—Purveyor's duties.**
  - II.—Diets, European Hospitals.**
  - III.— Do. Native do.**
  - IV.—Bazaar Medicines.**
  - V.—Hospital Necessaries.**
  - VI.—Bedding and Clothing.**
  - VII.—Hospital Miscellanies.**
  - VIII.—Hospital Servants.**
- 

#### **I.—Purveyors.**

1. **HOSPITAL SUPPLIES PROVIDED BY COMMISSARIAT DEPARTMENT.**—The various duties of the hospital branch of the Commissariat Department are carried on under the Executive Officer of that Department by an establishment of Store-keepers, Purveyors, and menial servants, supervised, when necessary, by the Warrant and Non-Commissioned Officers of the department.

2. **COMMISSARIAT STORE-KEEPERS.**—Store-keepers, whether European or Native, are attached to the Commissariat Office, and have charge of the reserve stock of clothing, bedding, furniture, wines, spirits, and medical comforts, issuing from time to time to Hospital Purveyors on receipt, a sufficient quantity to replenish their stocks. The Store-keeper is responsible for the due preservation of the articles under his charge, and will see that the established allotment is always kept complete. He will receive over all surplus and unserviceable articles returned into Store by the Purveyors, and bring to the notice of the Executive Officer any instance in which stores so returned appear to have been wantonly damaged.

3. **Duties of Purveyors.**—In the same manner as the Store-keeper has sole charge of the hospital stock, so also has the Purveyor the undivided responsibility of all the executive duties of supply of the hospital to which he is

attached. In addition to the diets, he will have the entire charge of supplying the clothing, bedding, wines, spirits, &c., to the hospital under his charge; and for this purpose a sufficient stock of these articles will be issued to him on receipt, and will be kept in a store-room adjacent to the hospital for issue as required. They will be brought on his monthly return, which should be submitted for the inspection of the Commissariat Officer on the 5th of each month, the amounts received being credited, and the liquor, &c., issued to the sick, in accordance with the daily abstracts, being duly struck off.

4. MONTHLY BILLS FOR DIETS, &c.—His bills for diets, monthly and occasional supplies, supported by the prescribed vouchers, should be presented for examination and payment immediately on the expiration of the month to which they pertain.

5. TO ATTEND UPON MEDICAL OFFICERS.—He will attend at the hospital at such hours as may be fixed by the Medical Officer to receive his instructions regarding the diet of sick; he will also make his report to the Commissariat Officer as often as may be considered necessary.

6. Whenever any articles of diet are ordered, which may appear to him unauthorized by regulations, it will be his duty to point this out in a respectful manner to the Medical Officer, who will be responsible for any overcharge, should he still direct the issue of the doubtful supply.

7. TO MARCH WITH CORPS.—He will accompany the corps on the march, performing the same duties as in Cantonment, and exercising a general supervision over the hospital attendants. He will receive an advance of cash, stores, and clothing sufficient for the probable requirements of the march, and will, on arrival at his destination, deliver over the surplus to the local Commissariat Officer, and adjust his accounts in the usual manner.

## II.—Diets. (European Hospitals.)

8. EUROPEAN SICK.—The authorized diet, clothing, bedding, servants, wine, and whatever may be required for the use of Military sick in hospital, will be provided at the expense of Government, under the management of the Commissariat Department.

G. O. G. No. 422 of 1865. 9. DIETS.—The following diets are authorized for European Military Hospitals in the Madras Presidency :—

TABLE OF DIETS FOR HOSPITALS OF EUROPEAN TROOPS.  
*Articles comprising the different heads of Diet for a day.*  
*Avoirdupois Weight.*

Spoon.	Tea.	Beef-tea.	Low Milk.
Sago ..... 2 oz. Tea ..... $\frac{1}{2}$ „ Sugar ..... 2 $\frac{1}{2}$ „ Milk ..... 6 „ Rice 2 oz. { For Salt 2 drs. { conjee- water	Bread ..... 8 oz. Tea ..... $\frac{1}{2}$ „ Sugar ..... 3 „ Milk ..... 9 „ Rice 2 oz. { For Salt 2 drs. { conjee- water Arrowroot ..... 4 oz.	Bread ..... 1 lb. Tea ..... $\frac{1}{2}$ oz. Sugar ..... 1 $\frac{1}{2}$ „ Milk ..... 6 „ Beef ..... 12 „ Salt ..... 6 drs.	Arrowroot 3 oz. Milk ..... 1 $\frac{1}{2}$ pint, with 6 oz. for Tea. Sugar ..... 3 oz., including $\frac{1}{2}$ oz. for Tea. Tea ..... $\frac{1}{2}$ oz. Sago may be used in lieu of arrowroot in the proportion of 3 oz. sago to one of ar- rowroot. Chicken ..... 8 oz. Bread ..... 4 „ Salt ..... 6 drs.
Milk.	Chicken.	Low, with Pudding.	Low.
Bread ..... 12 oz. Rice ..... 3 „ including 1 oz. for conjee water. Milk ..... 2 pints, and 6 oz. for Tea Butter ..... $\frac{1}{2}$ oz. Sugar ..... 2 $\frac{1}{2}$ „ including $\frac{1}{2}$ oz. for Tea Tea ..... $\frac{1}{2}$ oz. Salt ..... 2 drs. Soojie ..... 4 oz. in lieu of rice at the discretion of Medi- cal Officer.	Fowl made into soup or boiled * 8 oz. Bread ..... 12 „ Tea ..... $\frac{1}{2}$ „ Sugar ..... 1 $\frac{1}{2}$ „ Milk ..... 6 „ Butter ..... 1 „ Salt ..... 6 drs. Barley ..... $\frac{1}{2}$ oz. Onions ..... 1 „ Flour ..... $\frac{1}{2}$ „ For custard pudding Milk ..... 1 pint Sugar ..... 1 oz. Eggs ..... 2	Mutton in broth 8 oz. Bread ..... 12 „ Tea ..... $\frac{1}{2}$ „ Sugar ..... 1 $\frac{1}{2}$ „ Milk ..... 6 „ Butter ..... $\frac{1}{2}$ „ Onions ..... 1 „ Barley ..... $\frac{1}{2}$ „ Flour ..... $\frac{1}{2}$ „ Salt ..... 6 drs. For rice pudding Rice ..... 2 oz. Milk ..... $\frac{1}{2}$ pt. Sugar ..... $\frac{1}{2}$ oz. Eggs ..... 2	Mutton in broth 8 oz. Bread ..... 1 lb. Tea ..... $\frac{1}{2}$ oz. Sugar ..... 1 $\frac{1}{2}$ „ Milk ..... 6 „ Butter ..... 1 „ Onions ..... 1 „ Barley ..... $\frac{1}{2}$ „ Flour ..... $\frac{1}{2}$ „ Salt ..... 6 drs.
Half.	Fish.	Full.	Infant.
Mutton† ..... 10 oz. Bread ..... 1 lb. Potatoes ..... 8 oz. Tea ..... $\frac{1}{2}$ „ Sugar ..... 1 $\frac{1}{2}$ „ Milk ..... 6 „ Butter ..... 1 „ Onions ..... 1 „ Barley ..... $\frac{1}{2}$ „ Flour ..... $\frac{1}{2}$ „ Salt ..... 6 drs.	Fish‡ ..... 8 oz. Bread ..... 1 lb. Potatoes ..... 8 oz. Tea ..... $\frac{1}{2}$ „ Sugar ..... 1 $\frac{1}{2}$ „ Milk ..... 6 „ Butter ..... 2 „ Salt ..... 6 drs.	Meat § either Beef or Mutton 12 oz. Bread ..... 1 lb. Potatoes ..... 12 oz. Tea ..... $\frac{1}{2}$ „ Sugar ..... 1 $\frac{1}{2}$ „ Milk ..... 6 „ Butter ..... 1 „ Onions ..... 1 „ Barley ..... $\frac{1}{2}$ „ Flour ..... $\frac{1}{2}$ „ Salt ..... 6 drs.	Milk ..... 1 $\frac{1}{2}$ pint. Sugar ..... 1 $\frac{1}{2}$ oz. Arrowroot... 2 „ or Sago ..... 4 „

\* The fowl may be roasted or grilled; in such cases the requisite quantity of ghee may be used, and the barley, onions, and flour excluded.

† The mutton may be roasted or grilled; in such cases the requisite quantity of ghee may be used, and the barley, onions, and flour excluded.

‡ The quantity of fish is to be exclusive of the head and back bone, when the latter is taken, one ounce more in weight is to be allowed.

§ In this diet, the meat may be roasted, fried, or broiled; in such cases the diet to be marked "Full varied," and butter or ghee one ounce to be allowed, and onions, barley, and flour to be excluded.

## BREAKFAST.

Spoon.	Tea.	Beef Tea.	Low Milk.
Tea ... 1 pint. Sugar ... $\frac{1}{2}$ oz. Milk ... 3 oz.	Tea ... 1 pint. Bread ... 3 oz. Sugar ... 1 oz. Milk ... 3 oz.	Tea ... 1 pint. Bread ... 4 oz. Sugar ... $\frac{1}{2}$ oz. Milk ... 3 oz.	Tea ... 1 pint. Arrowroot in Jelly 1 oz. Sugar ... $\frac{1}{2}$ oz. Milk ... $\frac{1}{2}$ pint.
Milk.	Chicken.	Low with Pudding.	Low.
Tea ... 1 pint. Milk ... 1 pint. Bread ... 4 oz. Sugar ... $\frac{1}{2}$ oz.	Tea ... 1 pint. Bread ... 2 oz. Butter ... $\frac{1}{2}$ oz.	Tea ... 1 pint. Bread ... 3 oz. Butter ... $\frac{1}{2}$ oz.	Tea ... 1 pint. Bread ... 4 oz. Butter ... $\frac{1}{2}$ oz.
Half.	Fish.	Full.	Infant.
Tea ... 1 pint. Bread ... 6 oz. Butter ... $\frac{1}{2}$ oz.	Tea ... 1 pint. Bread ... 6 oz. Butter ... $\frac{1}{2}$ oz.	Tea ... 1 pint. Bread ... 6 oz. Butter ... $\frac{1}{2}$ oz.	At the discretion of the Surgeon.

## DINNER.

Spoon.	Tea.	Beef Tea.	Low Milk.
Sago in Jelly 2 oz. Sugar ... $\frac{1}{2}$ oz.	Tea ... 1 pint. Bread ... 3 oz. Sugar ... 1 oz. Milk ... 3 oz. Arrowroot . 4 oz.	Beef Tea ... 12 oz. Bread ... 8 oz.	Arrowroot in Jelly 1 oz. Sugar ... $1\frac{1}{2}$ oz. Milk ... $\frac{1}{2}$ pint. Chicken ... 8 oz. Bread ... 4 oz.
Milk.	Chicken.	Low with Pudding.	Low.
Rice. 2 oz. Milk. 1 pint. Bread 4 oz. Sugar $\frac{1}{2}$ oz. Or Soojie 4 oz. in lieu of rice.	Chicken ... 8 oz. Bread ... 8 oz. Custard Pudding.	Mutton Broth 1 pint. Bread ... 6 oz. Rice Pudding.	Mutton Broth ... 1 pint. Bread ... 8 oz.
Half.	Fish.	Full.	Infant.
Mutton in Broth, 1 pint. or, Meat roasted or fried ... 10 oz. Bread ... 4 oz. Potatoes ... 8 oz.	Fish ... 8 oz. Bread ... 4 oz. Potatoes ... 8 oz. Butter ... 1 oz.	Broth or Soup 1 pint. or, Meat roasted. 12 oz. Bread ... 4 oz. Potatoes ... 12 oz.	At the discretion of the Surgeon.

## SUPPER.

Spoon.	Tea.	Beef Tea.	Low Milk.
Tea ... 1 pin. Sugar ... $\frac{1}{2}$ oz. Milk ... 3 oz.	Tea ... 1 pint. Bread ... 2 oz. Sugar ... 1 oz. Milk ... 3 oz.	Tea ... 1 pint. Bread ... 4 oz. Sugar ... $\frac{1}{2}$ oz. Milk ... 3 oz.	Tea ... 1 pint. Arrowroot ... 1 oz. Sugar ... $\frac{1}{2}$ oz. Milk ... $\frac{1}{2}$ pint.
Milk.	Chicken.	Low with Pudding.	Low.
Tea ... 1 pint. Bread ... 4 oz. Butter ... $\frac{1}{2}$ oz.	Tea ... 1 pint. Bread ... 2 oz. Butter ... $\frac{1}{2}$ oz.	Tea ... 1 pint. Bread ... 3 oz. Butter ... $\frac{1}{2}$ oz.	Tea ... 1 pint. Bread ... 4 oz. Butter ... $\frac{1}{2}$ oz.

SUPPER.—(Continued.)			
Half.		Fish.	Full.
Tea	... 1 pint.	Tea	... 1 pint.
Bread	... 4 oz.	Bread	... 6 oz.
Butter	... $\frac{1}{2}$ oz.	Butter	... $\frac{1}{2}$ oz.
Infant.			
At the discretion of the Surgeon.			

10. REMARKS ON DIET TABLES.—(a.) Barley-water, rice-water and lemonade G. O. G., No. 423 of 1865. will be furnished for common drink, according to the discretion of the Surgeon, and may be ordered with any diet. They are to be accounted for by the Surgeon initialing the expenditure daily in the abstract. Barley or rice will be allowed for making "Barley-water" or "Rice-water", at the rate of 2 ozs. for 5 pints, and sugar in like proportion. For making Lemonade one, or if necessary, two limes (according to their size), and  $\frac{3}{4}$  oz. of sugar will be allowed for each pint. The issue of lime-juice for diet purposes is prohibited. Eggs may be prescribed in addition to any of the diets, as the Surgeon in charge may deem necessary; the number expended being entered in a column for the purpose in the daily abstract, and initialed as in the case of the drinks above-mentioned.

(b.) Children under five years of age are to be placed on infant's diet, with extras as required. Those between five and eight years on half; between eight and fourteen years on two-thirds; and above fourteen years on the full quantity allowed for adults in the diet scale.

(c.) The meat for the various diets must be in the raw state, exclusive of bone, of the weights specified in the table: an addition at the rate of one-fourth of a pound more for full diet, and a proportionate quantity in the other diets, will be considered an equivalent, when meat is issued with bone. The meat in the several diets may be curried at the discretion of the Medical Officer. In such cases rice (four ounces) will be allowed, and the onions, barley, and flour excluded. The number of diets curried during the month should be shown in a note at the foot of the monthly statement.

(d.) Draught Beer from the Canteens, or that bottled in local Commissariat godowns, is authorized to be issued for the use of patients in Hospital. The measure for milk is to be the Imperial pint of 20 ounces.

(e.) Spice powder\* will be furnished on special indent by the Commissariat for flavouring puddings, sago, arrowroot, &c. The G. O. G., No. 149 of 1863. canisters are always to be in the Purveyor's custody, and the expenditure daily recorded. From 10 to 15 grains are ample for each pudding, &c.

\* NOTE.—Spice powder consists of—ginger,  $5\frac{1}{2}$  parts; cinnamon, 1; nutmeg, 1; and cloves, 1 part, to be well ground and mixed, and put into tin boxes holding from  $\frac{3}{4}$  to 4 ozs.

(f.) For diets into which meat enters, black pepper will be issued at the rate of 1 oz. for 48 diets, or one-third of a drachm for each diet. The salt to be "good, white."

(g.) Rations are issued to the Soldier on the day of admission, and hospital diet on the day of discharge from hospital. Extras may, in special cases, be ordered on the day of admission and in such cases are to be shown in the diet sheet of that day in the usual way.

(h.) The bread and provisions of every description furnished to the sick are invariably to be of the best quality; should it happen in the field, or during the march of troops, that any of the articles specified in the diet table cannot be procured, the best substitutes are to be provided by the Commissariat in lieu of them, in communication with the Officer Commanding and the senior Medical Officer present.

11. **Extra diet.**—With the exception of malt liquor, wine, spirits, and effervescing liquids, the issue of extras will be restricted to patients on spoon, tea, beef-tea, and infant diets. All expenditure extra to the authorized diet should be accounted for in the diet sheet (bed-head ticket.)

G. O. G., No. 422 of 1865.      (Commissariat Form No. 158).  
G. O. G., No. 149 of 1863.

12. **ABSTRACTS AND DIET BILLS.**—A daily abstract (*Commissariat Form No. 160,*) of the diets and liquors will be prepared by the Apothecary from the bed-head tickets, and by him made over to the Commissariat Purveyor. The abstract must be signed by the Medical Officer. The diet roll (*Commissariat Form No. 159,*) will be retained in hospitals for the inspection of supervising Medical Officers. A *monthly* statement as below will be prepared from the *daily* abstracts, and forwarded by the Medical Officer through the Deputy Inspector General to the Commissariat Officer, to be attached as a voucher to his accounts.

G. O. G., No. 149 of 1863.      over to the Commissariat Purveyor. The abstract must  
G. O. G., No. 422 of 1865.      be signed by the Medical Officer. The diet roll (*Commissariat Form No. 159,*) will be retained in hospitals for the inspection of supervising Medical Officers. A *monthly* statement as below will be prepared from the *daily* abstracts, and forwarded by the Medical Officer through the Deputy Inspector General to the Commissariat Officer, to be attached as a voucher to his accounts.

13. **DIET SHEETS OF EXTRAS.**—With the monthly Statement, the Diet Sheets (*Form No. 158*) for all patients for whom any extra article has been ordered must be sent. These Diet Sheets should show distinctly the kind of extras prescribed, distinguishing the description of Malt Liquor, Wine, or Spirits.

The Diet Sheets of patients, for whom no extra articles have been ordered, are not required to be sent.

14. **DIET OF MEN BELONGING TO OTHER PRESIDENCIES.**—In the event of patients not belonging to Regiments or Departments in the Madras Presidency being dieted in Hospital during the month, an entry must be made on the back



of the Monthly Abstract, showing the Regiment or Department to which such patients belong, their name, rank, general number, date of admission, and discharge, in order that the cost of their diet may be correctly debited.

*Monthly Abstract of Diets in the Hospital of ——— for the month of ———*

	Diets.										Drinks.					
	Spoon.	Tea.	Beef Tea.	Low Milk.	Milk.	Children.	Low, with Pudding.	Low.	Half.	Fish.	Full.	Infant.	Eggs.	Barley water.	Rice water.	Lemonade.
Men ...														Pints.	Pints.	Pints.
Women ...																
Children ...																
Total...																

*Monthly Abstract of Liquors consumed in the Hospital of ——— for the month of ———*

	Wines.	Spirits.	Malt.
	oz.	oz.	oz.
Port Wine ...			
Sherry do. ...			
Brandy ...			
Arrack ...			
Beer ...			
Porter ...			
Total...			

*Surgeon in charge.*

*Deputy Inspector General of Hospitals,*  
*Division.*

15. WINES AND SPIRITS.—The Hospital Purveyor is furnished with a small stock of wines and spirits for issue, in accordance with the entries in the diet sheets. Measures tested and stamped will be issued to European hospitals; those for wine will be double and constructed to hold two fluid ounces at one end, and one fluid ounce at the other. A quart bottle is computed to hold 22½ ounces. Malt liquor

is to be accounted for as bottles, and half bottles, not as quarts and pints. Medical Officers are to consider carefully the requirements of every case in the ordering of wine and spirits for the sick. Expenditure to be accounted for monthly as above.

16. EXPENDITURE OF WINES, &c., TO BE ENTERED IN WORDS AS WELL AS FIGURES.—In the monthly abstracts the expenditure of Wine, &c., in *words* as well as figures is to be entered, all erasures and alterations made in their indents or other documents connected with Hospital expenditure should be initialed by Medical Officers previous to despatching them.

17. RESTRICTION IN THE USE OF LIQUORS.—When arrack is prescribed in lieu of brandy, it should be not less than three years old. Champagne, Claret, and aerated drinks will not be supplied by the Commissariat, but will be procured by Medical Officers, and the charges for the same recovered by contingent bill on the Pay Department. Champagne is allowed only in cholera cases; Claret in cases where the more stimulating Port or Sherry cannot be used, and aerated drinks only in such cases as the ordinary diluent drinks may be unsuited for. Malt liquor is to be prescribed only when it may be deemed essentially necessary to the welfare of the patient. Contingent bills for Champagne, Claret and aerated drinks require to be supported by a nominal return and Indent, with a certificate attached, signed by the Deputy Inspector General of the Circle, and the indent to be sanctioned by the Inspector General. (See forms in Appendix).

18. FIREWOOD.—In all ordinary cases where the number of patients is twelve or more, the allowance of firewood shall be restricted to 4 lbs. per man per diem. When the number of patients is less than twelve, or at Hill stations or other places where the firewood supplied is not tolerably dry and good, 5 or even 6 lbs. may be allowed if required, but the cause which renders the increase necessary must be certified by the Medical Officer at the time, and the reason why better fuel cannot be, or is not supplied, should be stated. During outbreaks of epidemic disease or other extraordinary circumstances no fixed limits can be either assigned or observed, but in such cases the principal Medical Officers will certify to the necessity of the extra expenditure.

19. FUEL FOR WARMING BARRACKS AND HOSPITALS.—The subjoined scale of fuel for barrack and hospital fire-places is also applicable to guard-rooms and all buildings attached to European lines, in which fire-places are constructed. It is not necessary that the full scale of fuel should *each day* be issued without reference to local circumstances, and therefore, the

daily or weekly indents furnished by regimental authorities must certify that the quantity indented for is absolutely necessary for the use of the men, and that the whole of the previous supply has been used *bonâ fide* for the purpose for which it was issued by Government. Any surplus remaining unconsumed is to be carried to account on the next issue.

Fuel is only to be indented for when the lighting of fires is considered actually necessary by the regimental and local authorities, and no firewood exceeding 18 inches in length will be received from the Commissariat.

Fuel for warming hospitals at Hill stations, &c., is allowed in the proportions prescribed for barracks.

*Scale of Fuel for Barrack and Hospital fire-places per diem.*

STATION.	Fire-places.	January and February.	June, July, August, and September.	October.	November and December.	REMARKS.
Raman-droog.	Large e....	.....	Wood 80 lbs.	Wood 80 lbs.	.....	The date on which the burning of fires should commence and their discontinuance is left to the discretion of the Officer commanding the depot, and should be notified in station orders. If they are commenced earlier, or continued later than the months specified in this table, it should be certified by the Medical Officers that such is absolutely necessary.
	Small....	.....	Wood 40 lbs.	Wood 40 lbs.	.....	
Wellington.	Large!	Wood 100 lbs.	.....	Wood 50 lbs.	Wood 100 lbs.	
		Peat 50 lbs.	.....	Peat 25 lbs.	Peat 50 lbs.	
	Small	Wood 40 lbs.	.....	Wood 20 lbs.	Wood 40 lbs.	
		Peat 20 lbs.	.....	Peat 10 lbs.	Peat 20 lbs.	

20. ICE.—At stations where ice cannot be purchased, portable ice machines are allowed for the use of European Hospitals.

21. DIET WHERE THERE IS NO COMMISSARIAT.—European Soldiers left sick under charge of a Medical Officer at a station where there is no Commissariat agent will be provided with diet, clothing, and wine by the Surgeon, for which he will submit a contingent bill, verified in the usual manner.

### III.—Diets, Native Sick.

22. DIET.—The diet of Native Military sick in hospital is provided by themselves, except in particular cases where the articles enumerated in para. 30, of this Section may be deemed necessary by the Medical Officer. In such cases they should be included in the monthly indent, subject to the same conditions as other articles marked with an asterisk in the scale.

23. HOSPITAL DIET FOR FOREIGN SERVICE.—The following dietary, scale G. O. G., No. 244 will be used, in lieu of rations, for the sick of Native of 1865. Troops and public followers on foreign service, when dieted in hospital :—

*Articles composing the different heads of diets for a day—Avoirdupois weight.*

Spoon.	Milk.	Low.	Full.
Sago ... 4 oz.	Bread ... 12 oz.	Mutton or Fowl in broth ... 6 oz.	Mutton or Fowl for Curry ... 6 oz.
Sugar ... 2 do.	Rice ... 12 oz.	Bread ... 12 do.	Rice* ... 8 do.
Milk ... 6 do.	Milk ... 2 pts	Butter ... 1 do.	Curry Powder $\frac{1}{2}$ do.
Rice. { For Conjee } 2 do.	Sugar ... 2 oz.	Onions ... 1 do.	Country Vege- tables ... 4 do.
Salt. { water. } 2 drs.	Rice. { For Conjee } 2 do.	Barley ... $\frac{1}{2}$ do.	Hoppers† No. 6
	Salt. { water. } 2 drs.	Flour ... $\frac{1}{2}$ do.	Bread ... 8 oz.
		Salt ... 1 do.	Butter ... 1 do.
			Salt ... 1 do.
			* or Rice 1 lb. omitting the Bread.

† Hoppers to weigh 2 oz. each when cooked.

Children under 8 years of age half diet, between 8 and 14 years two-thirds, and above 14 years the full quantity allowed for adults.

The weight of the meat in the above diets, to be inclusive of bones.

24. EXTRAS.—The above dietary being sufficient to meet all requirements, the issue of extras, with the exception of Port-Wine and Arrack, or Rum, (in cases in which either is required as a remedy), is strictly prohibited.

25. **Lock Hospitals, Diet.**—Lock Hospitals having been established at several stations of the Army, the diet allowed for Native in-patients will be as follows :—

*Diet Table for Native Sick.*

Meal.	Full Diet.	Reduced Diet.	Spoon Diet.
Breakfast at 7 o'clock A. M.	Adults—One pint of thick conjee, and 1 oz. of Atchar.	Adults—One pint of thick conjee, and $\frac{1}{2}$ oz. of Atchar.	The same as in the reduced diet.
Dinner at 1 o'clock P. M.	Adults—Boiled rice 2 $\frac{1}{2}$ pints, curry $\frac{1}{2}$ pint.	Adults—Boiled rice 1 $\frac{1}{2}$ pints, curry 6 ozs.	Arrowroot, sago, mutton broth, or fowl soup, at the discretion of the Surgeon. These articles to be the same as in European Hospitals, Adults 1 pint.
Supper at 6 o'clock P. M.	Adults—Boiled rice 1 $\frac{1}{2}$ pints, pepper-water 1 pint.	Adults—Boiled rice 1 $\frac{1}{2}$ pints, pepper-water 12 ozs.	The same as in the reduced diet.

*Explanations.*

The quantities of *raw* rice allowed under the different denominations of diet are as follows :—

Full Diet.				Reduced Diet.				Spoon Diet.		
Breakfast.	Dinner.	Supper.	Total.	Breakfast.	Dinner.	Supper.	Total.	Breakfast.	Supper.	Total.
oz. 4	oz. 12	oz. 8	oz. 24	oz. 4	oz. 8	oz. 6	oz. 18	oz. 4	oz. 6	oz. 10

*Computation.*

16 ounces to the pint.

16 ounces to the pound.

16 drachms to the ounce, Avoirdupois.

*Rotation of Diet.*

Sunday.        }  
 Tuesday.       }  
 Friday.         } Meat curry.

Monday.        }  
 Wednesday.    }  
 Thursday.       }  
 Saturday.       } Vegetable curry.

Eight ounces of raw rice by weight, computed to boil into 20 ounces dry by weight, and 28 ounces by measure. Mutton for curries to be inclusive of bones.

26. Wine, spirits, sago or arrowroot will be served out under the Surgeon's orders as extras, and entered in the diet rolls. The diet of European and East Indian women to be on the European scale.

27. CLOTHING.—Two colored cloths (15 feet long) will be supplied to such patients as may require clothing whilst in hospital, their own clothes, after being washed, will be returned to the patients on their discharge.

28. BEDDING.—Cots and bedding will be supplied by the Commissariat in such quantities as may be required. The requisite quantity of cooking utensils will also be supplied.

## 29. Scale of Furniture for "Look Hospitals" (Military):—

G. O. No. 3,498, 8th Sept. 1868, M.D.	1 Almirah for Medicine.	1 Examination table.
	1 Writing table.	1 Lantern.
	2 Chairs.	1 Iron kettle.
	Cots according to No. of patients.	1 Night lamp.
	1 Wash-hand basin and stand.	4 Towels.
		1 Filter stand with gurrabs.

30. **Hospital Supplies.**—The following is the scale of Hospital supplies allowed to European and Native Military Hospitals. Indents, countersigned by the Deputy Inspector General of Hospitals, are to be submitted monthly (except when other periods are specified) to the Commissariat Department. The scale of supplies and form of requisition is applicable also to all Civil Hospitals, which are provided with food, clothing, &c., by the State:—

*Scale of Hospital Supplies.*

Articles marked with an asterisk are to be indented for in quantities as required.	Column C is for a Detachment of Regiment, strength 250 to 500, or Battery of Artillery.
No article is to be indented for monthly, or at the specified periods, unless actually required, and the quantities are not to be exceeded, except upon full explanation, and with the sanction of the Divisional Deputy Inspector general of Hospitals.	Do. D „ Detachment of a Regiment, strength 50 to 250.
Column A is for a full Regiment of 1,000 strength.	Do. E „ full Infantry Regiment, or Wing—Detachment according to strength.
Do. B „ Wing of a Regiment, or Head Quarters Brigade of Artillery.	Do. F „ full Cavalry Corps—Detachment according to strength.

As it is not possible to define the exact quantities required of such articles as are marked thus,\* Medical Officers will indent only for what is absolutely necessary, and Deputy Inspectors General will exercise careful supervision, and be held responsible for any excessive expenditure which is not capable of satisfactory explanation.

## IV.—Bazaar Medicines.

Articles (in alphabetical order, and in quantities allowed for a month, except otherwise stated.)	Europeans.								Natives.				REMARKS.
	A.		B.		C.		D.		E.		F.		
	lbs.	oz.	lbs.	oz.	lbs.	oz.	lbs.	oz.	lbs.	oz.	lbs.	oz.	
Bael fruit* ...	...	...	...	...	...	...	...	...	...	...	...	...	For medical purposes. For special purposes.
Benzoin (gum)* ...	...	...	...	...	...	...	...	...	...	...	...	...	
Coriander seeds ...	0	2	0	1	0	1	0	1	0	0	0	0	
Garlic* ...	...	...	...	...	...	...	...	...	...	...	...	...	
Ginger, dry ...	0	8	0	6	0	4	0	2	0	6	0	4	
Hog's-lard* ...	...	...	...	...	...	...	...	...	...	...	...	...	
Linseed oil ...	3	0	1	8	0	12	0	8	1	0	0	12	
Liquorice root* ...	...	...	...	...	...	...	...	...	...	...	...	...	
Mustard seed ...	3	0	1	8	0	12	0	8	1	8	1	0	
Do. Europe ...	2	0	1	0	0	12	0	8	0	8	0	8	
Orange-peel ...	1	0	0	8	0	4	0	4	0	8	0	8	
Pepper, black* ...	...	...	...	...	...	...	...	...	...	...	...	...	
Pemegranate-root* ...	...	...	...	...	...	...	...	...	...	...	...	...	
Poppy-heads ...	No.	50	0	25	0	20	0	12	0	As required.	...	...	
Salt, common* ...	...	...	...	...	...	...	...	...	...	...	...	...	
Sulphur, country lbs.	2	0	1	0	0	8	0	8	1	0	1	0	
Tamarind* ...	...	...	...	...	...	...	...	...	...	...	...	...	
Vinegar ...	3	0	1	8	Pt	1	Pt	1	1	0	1	0	

**V.—Hospital Necessaries.**

Articles (in alphabetical order, and in quantities allowed for a month, except otherwise stated.)	Europeans.				Natives.		REMARKS.
	A.	B.	C.	D.	E.	F.	
Arrack*... ..bottles.	...	...	...	...	...	...	
Arrowroot* ... lbs.	...	...	...	...	...	...	
Baskets, large ... No.	4	2	1	1	1	1	
Do. small* ... do.	...	...	...	...	...	...	
Bladders ... do.	...	...	...	...	...	...	
Blankets, country, for fo-							
menting ...	2	1	1	1	1	1	
Bottles, empty, quarts* No.	...	...	...	...	...	...	
Do. do. pints* do.	...	...	...	...	...	...	
Brandy*... ..bottle.	...	...	...	...	...	...	
Brooms ... No.	6	4	2	2	2	2	
Candles, wax ... lbs.	2	1	1	1	1	1	
Carrots, or pumpkins, for							
poultices ... lbs.	...	...	...	...	...	...	
Charcoal* ... do.	...	...	...	...	...	...	
Chatties, of sizes* ... No.	...	...	...	...	...	...	
Do. Chunam for conser-							
vancy* ... lbs.	...	...	...	...	...	...	
Cloth, doosooty sheets, for							
ice ... yds.	...	...	...	...	...	...	
Do. country, for band-							
ages ... do.	30	15	10	5	10	10	
Do. do. for dressing do.	20	10	10	10	10	10	
Cloth, long fine* ... yds.	...	...	...	...	...	...	
Coir* ... lbs.	...	...	...	...	...	...	For palliasses.
Cooking utensils* ... No.	...	...	...	...	...	...	
Corks ... do.	12	8	6	6	6	6	
Cotton, for burns* ... do.	...	...	...	...	...	...	
Cow-dung* ... do.	...	...	...	...	...	...	For native sick.
Eggs* ... do.	...	...	...	...	...	...	
Essence of Beef or extract of							
Meat in 4 oz. tins ...	...	...	...	...	...	...	4 lbs per 100 sick.
Greensilk, foreye-shades*do.	...	...	...	...	...	...	
Goggles ... do.	1	1	1	1	1	1	
Honey ... lbs.	1	6 oz.	4 oz.	4 oz.	4 oz.	4 oz.	
Ice* ... do.	...	...	...	...	...	...	
Lamp thread* ... do.	...	...	...	...	...	...	
Leeches* ... No.	...	...	...	...	...	...	
Limes, for drink* ... do.	...	...	...	...	...	...	
Linseed ... lbs.	10	6	4	2	4	4	
Do. meal ... do.	10	5	2	1	4	4	
Marking nuts* ... do.	...	...	...	...	...	...	For native sick.
Milk* ... measures.	...	...	...	...	...	...	
Muslin* ... yards.	...	...	...	...	...	...	In camp.
Mussucks for bheesties No.	5	3	2	1	2	2	For native sick.
Mutton* ... lbs.	...	...	...	...	...	...	



Articles (in alphabetical order, and in quantities allowed for a month, except otherwise stated).		Europeans.				Natives.		REMARKS.
		A.	B.	C.	D.	E.	F.	
Needles	papers.	2	1	1	1	1	1	
Nets for charcoal*	... No.	...	...	...	...	...	...	
Oil for Dispensary	... lbs.	20	10	5	2	6	6	Proportionate to the number of wards.
Oil for lamps	...	...	...	...	...	...	...	
Plantain leaves*	...dozens.	...	...	...	...	...	...	
Pots and Pans	... do.	3	1½	¾	½	1	1	
Poultice materials	{ Bran*	...	...	...	...	...	...	
	{ Bread*	...	...	...	...	...	...	
	{ Rice, for flour*	...	...	...	...	...	...	
	{ Flour	...	...	...	...	...	...	
Toddy*	... lbs.	...	...	...	...	...	...	
Sago*	... do.	...	...	...	...	...	...	
Suet, mutton*	... do.	...	...	...	...	...	...	For mnassucks.
Soap, country	... do.	6	3	2	1	1	1	
Do. Europe	cakes.	3	2	1	1	1	1	
Spice powder	... oz.	8	4	2	1	1	1	
Spirits, country	bottles.	4	2	1	½	1	1	For Dispensary use.
Spitting pots*	... No.	...	...	...	...	...	...	
Straw*	... lbs.	...	...	...	...	...	...	
Sugar	... do.	5	2	1	½	1	1	
Tape, country	yards.	30	15	10	5	10	10	
Tinning*	...	...	...	...	...	...	...	Allowed only for copper utensils.
Twine*	... oz.	...	...	...	...	...	...	
Wax cloth	yards.	6	3	2	1	3	2	For Dispensary.
Wine, Port*	bottles.	...	...	...	...	...	...	
Wood, fire	... lbs.	504	252	168	84	168	168	For special Hospital purposes, exclusive of cooking diets.

## VI.—Bedding and Clothing.

(Articles in Alphabetical order, &c.)		Europeans.	Natives.	REMARKS.
		Full Regiment of Cavalry or Infantry, or per 100 sick.	Full Regiment of Cavalry or Infantry.	
Banians	No.	200		
Bedside settrinjees	No.	100		
Blankets	..	100	6 half yearly	
Cloth, for repairs*... yards		...		
Gowns, cotton, double	...	200		
Do. do. single	...	200		
Gowns, bed, lined with Loui, for Hospitals at Bangalore and hill stations	...	100		
Mattresses	...	100	...	
Mosquito curtains, with cot, top, posts, and rods complete	... sets	...	...	
Night caps, cotton	...	10	...	
Pillows, large	...	100	15	
Do. small	...	200	15	
Do. cases, large	...	200	15	
Do. do. small	...	400	15	
Palliasces*	...	...	15	
Quilts, cotton	... {	The number of blankets noted above, issued instead.	30	
Do. chintz	... }			
Sheets, cotton	...	400		
Shirts, cotton	...	400		
Slippers	...	100	...	
Socks, cotton	...	200		
Do. worsted	...	200		
Towels, Patna, hand	...	200	6	
Trowsers, cotton	...	200	†6	
Do. flannel	...	200	†6	
Thread, sewing*	...	...	...	

50 for European, and 12 for Native Regiments serving in Burmah, and 20 for a European Regiment in India.

To be kept up to number.

A proportionate number allowed for each detachment.  
† For East Indians.

## VII.—Hospital Miscellanies.

Articles in alphabetical order, &c.)	Europeans.	Natives.	REMARKS.
	Full Regiment of Cavalry or Infantry, or per 100 sick.	Full Regiment of Cavalry or Infantry.	
Almirahs ...	2	1	Where enamelled are not procurable, glazed earthenware ones may be supplied.
Arm Bath ...	1	...	
Bamboos* ...	...	...	
Basins, brass ...	2	1	
Do. enamelled ...	25	4	
Basin stands ...	25	4	
Bath Bricks ...	as required.	...	
Bathing tubs ...	2	1	
Blinds or chicks* ...	...	...	
Blocks, chopping, for kitchen ...	1	...	
Boarded cot, for fractures* ...	...	2	Two per Hospital. For each ward.
Book cases ...	1	...	
Box for carrying medicines. ...	...	...	
Brooms with long Bamboo handles ...	...	...	
Bug traps, wooden ...	6	6	
Camp kettles ...	2	...	
Chairs, bed ...	6	...	
Chairs, Dispensary ...	4	2	
Do. arm, with rattan back. ...	12	...	
Chamber utensils, glazed ...	20	...	
Chest for medicine* ...	...	...	For children.
Chimney glasses* ...	...	...	
Choppers ...	2	...	
Clock, American ...	1	...	
Close stool with pan, small. ...	1	...	
Copper boiler with covers, large, medium, and small, in nests ...	8	...	
Copper pudding dishes ...	20	2	
Do. or brass stool-pans in sets for night chairs ...	12 to 20	2	
Cork-screws ...	2	1	
Cots, iron* ...	...	5 per cent.	
Crutches pairs ...	2	1	To be kept up.
Door-mats ...	6	2	
Dusters ...	50	...	
Easy chairs* ...	...	...	Number to be fixed by Medical Committees.
Filters with stands complete. ...	...	...	
Fomentation tins ...	10	2	
Forms* ...	...	...	
Do. with backs* ...	...	...	
Frying pans ...	2	...	

Articles (in alphabetical order, &c.)	Europeans.	Natives.	REMARKS.
	Full Regiment of Cavalry or Infantry, or per 100 sick.	Full Regiment of Cavalry or Infantry.	
Fumigating bell ...	1	1	Per wash-house.
Gratings ...	2	...	
Grid-irons ...	2	...	
Hatchets, iron ...	2	...	
Head rests ...	1	...	
Hip bath ...	4	1	For each building, ward, or room.
Inventory boards ...	1	...	
Jackets, straight ...	2	1	
Knives and forks ...	100 of each	...	
Knife board ...	as required	...	
Lamps, square, for lighting Native Hospitals, with burner complete ...	...	1	For each ward.
Lamps, hanging* ...	as required.	...	
Lamp ladders ...	1	...	
Lantern ...	2	1	
Lemon squeezer ...	1	1	
Locks* ...	...	...	And the same number for a Wing or Head Quarters of Brigade of Artillery. For a Battery or Detachment from 50 to 500 men 1 safe is allowed. (G. O. G. 73 of 1865.) If required. Sanctioned for Presidency division only.
Measures, milk ...	2	1	
Measures, wine ...	2	1	
Meatsafes, large ...	2	...	
Nails, iron* ...	...	...	
Night chairs ...	16	2	
Nutmeg grater ...	1	1	
Padlocks and keys ...	1 per hasp.	...	
Pails, zinc ...	for use in the wards.	...	
Petarrahs (boxes) ... pairs	2	1	
Pint measure ...	1	...	To each punkah.
Punkah fringes ...	1	...	
Do. canes* ...	...	...	1 sheet per patient per diem.
Purdahs* (blinds) ...	...	...	
Paper, country unglazed ...	...	...	100 for a full Regiment of Infantry, 50 for a Wing or Head Quarters of Brigade or Regiment of Cavalry—30 for a Battery or Detachment from 250 to 500, and 20 for Detachment from 50 to 250. (G. O. G 73 of 1865.)
Rat-trap ...	1	1	
Razors ...	1	1	
Rope, cotton or coir* ...	...	...	
Salt cellars, China ...	...	...	
Sauce-pans, with cover ...	3	...	
Scales and weights, up to 10 lbs. ...	1 set	...	
Screens ...	2	...	
Shelves for medicines* ...	...	...	
Shower baths ...	1	...	
Slipper bath ...	1	...	
Soup ladles ...	...	2	

Articles (in alphabetical order, &c.)	Europeans.	Natives.	REMARKS.
	Full Regiment of Cavalry or Infantry or per 100 sick.	Full Regiment of Cavalry or Infantry.	
Spoons, iron tinned ...	100	...	One will be allowed for a small ward, to be set apart for special cases when considered necessary by the Medical Officer and the Deputy Inspector General of Hospitals of the Division in a Regiment of Infantry or Cavalry, a stove for a second ward may be granted on the same conditions.
Stoves ...	...	...	
Stretcher ...	1	...	
Swabs* ...	...	...	
Shades, portable, hand, tin, with stand, complete ...	2	1	
Stool-pans, glazed* ...	...	...	
Table cloths 12 x 6 feet ...	3 per table	...	
Tables, bedside* ...	...	...	
Do. convalescent or bed-ridden ...	8	...	
Do. prescribing ...	1	1	
Do. Dispensary ...	1	1	Each Medical Officer at Headquarters of Artillery to be allowed one writing table and chair.  Allowed for Trichinopoly, Kampton, Bellary, Secunderabad, Mount, Fort St. George, Trimalgherry, Ponnammalee.
Do. dissecting ...	1	1	
Do. writing, with drawers* ...	1	1	
Do. for use of patients* ...	...	...	
Do. kitchen ...	1	...	
Tatties cus-cus ...	...	...	
Tape, broad ... yards	100	...	
Teapots* ...	...	...	
Thermantidotes* ...	...	...	
Tin, bed-head tickets ...	100	40	
Do. cups ...	100	...	For Native Dispensary.  This number to be considered the maximum. Racks to be supplied only to the extent found really necessary in each case.  For holding water for washing. For each ward.
Do. funnels ...	8	1	
Do. plates ...	100	...	
Do. pots ...	100	1	
Towel racks ...	8	...	
Tubs, for foot bath ...	4	1	
Do. for privy, with cover* ...	...	...	
Do. urine with cover ...	1 per ward.	...	
Tubs, half casks ...	3 per wash house.	...	
Trays, for dressing ...	2	1	
Do. medicine ...	2	1	
Do. wooden with tin covers for conveying food ...	5	...	
Trestles* ...	as required.	...	
Writing stand ...	2	1	

31. **Leeches.**—Regiments commencing a march, will take with them a stock of leeches sufficient for the march, calculated at the annexed rates *per month*. When supplies can be obtained at intermediate stations, no more than one month's allotment should be taken at the commencement of the march. Medical officers may indent for a larger quantity than that given above, if they consider it imprudent to commence the march with the supply here authorized.

32. **KITCHEN FIXTURES AND FURNITURE.**—The following articles are allowed for Hospital Kitchens. A refuse bin 2 × 16" × 1 deep of 1866. for the reception of refuse matter, until the arrival of the rubbish cart; to be provided by the D. P. W.

Furniture ...	{	1 Chopping block.
		1 Stool.
		3 Tables.
		1 Cupboard, standard pattern.
Fittings ...	{	1 Shelf in orderly's room.
		3 Sets of shelves in Kitchen
		1 Oven.

33. **Tables and forms.**—Tables and forms, to be used at meal times, will be provided, in such number, and of the size and dimensions, laid down in G. O. Military Department No. 2,464 of 23rd June 1868.

34. **CLOTHING AND BEDDING.**—All hospital clothing will be supplied and re-placed by the Commissariat. The several articles of hospital clothing and bedding are to be provided, and constantly kept up in good and serviceable condition, by the Commissariat department,

35. The articles of bedding and clothing for a European Soldier in Hospital are the following :—

(a.) A painted iron cot, with coir mattress; pillows, one stuffed with coir and one with cotton; pillow cases, pair of sheets, blankets, and mosquito curtains.

(b.) A palliase, when marching, or in the field.

(c.) Two quilts of gingham, both lined, and one of them quilted with cotton; one blanket, and two pillows; a bed-gown, trowsers, a cap of gingham lined, and a white cotton shirt and pair of slippers. Also, when thought necessary by the Surgeon, a flannel banyan, and flannel drawers, a pair of short worsted stockings, or flannel socks, a flannel waist-band, and a cap lined with flannel.

(d.) A proportion of gingham bed-gowns, lined with flannel; and of pillows, extra to the numbers specified, to be always in readiness for such cases, as they may be ordered for by the Surgeon. The palliasses are to be

stuffed with straw in the field. The straw is to be frequently renewed; and pillows for supporting the limbs, in cases which require them, to be also stuffed with straw; but pillows for the head, to be stuffed with cotton or coir, excepting in the field, when straw may be substituted if circumstances require it.

36. **CLEAN LINEN.**—Every patient is to be furnished with a clean shirt every second morning, and with bed-gown, cap, and long-drawers, twice a week, and clean quilts and sheets once a week. The Surgeon, however, will order changes of bedding and clothing, at any intermediate times, when necessary.

37. Of the foregoing articles of bedding and clothing, the stock is to be kept up according to the scale furnished at page 285 (*Bedding and clothing*.)

38. **SEALED PATTERNS.**—Patterns of bedding and hospital clothing, &c., prepared according to a specification of the Inspector General, British Medical Service, and stamped with the seal of that functionary's office, are to be despatched to every station, at which European hospitals are, or may be hereafter, established; and, according to these patterns, the Commissariat will prepare and submit for survey, from time to time, such supplies of the several articles as may be required for European hospitals.

39. Whenever any addition to these articles may be necessary, or is likely to become so, they are to be forthwith provided by the Commissariat, on the requisition of the Deputy Inspector General of the Circle; or, where there may be no administrative Medical officer on the spot, the requisition of the medical officer in charge of the sick, countersigned by the officer commanding the regiment or the station, or detachment, is to be immediately complied with. These requisitionary applications will be the Commissariat officers' vouchers, for the articles supplied on them.

40. **CONDEMNED CLOTHING.**—Condemned hospital clothing and necessities

G. O. C. C., No. 97 of 1863. are to be presented in a clean washed state by Executive

G. O. C. C., No. 14 of 1864. Commissariat officers, in communication with Medical officers to Committees of Survey, whose duty it will be to have the articles found unserviceable counted over in their presence, and the number and description entered under the proper heads in the survey reports, as also to see that *pieces* of clothing, bedding, &c., are not substituted for *complete* articles.

41. **TO BE MADE OVER TO EUROPEAN CORPS.**—Condemned hospital clothing

G. O. C. C., No. 97 of 1863. and necessities will be made over to the European troops at the station at which they are condemned, for the

purpose of cleaning their rifles; but Committees may order condemned clothing, which has been used by patients suffering from infectious diseases, to

be burnt. A copy of the survey report is to be forwarded by the President of the Committee to the Commissary General (through the Commissariat officer).

42. **STONE TROUGHS.**—Stone troughs for cots to European hospitals, to prevent annoyance from bugs, are authorized, whenever they may be required, or may be considered beneficial.

43. **MEDICAL OFFICER RESPONSIBLE FOR CLOTHING IN USE.**—The Medical G. O. No. 3,823, 30th Sept. 1868, M. D. officer is held responsible for all articles of bedding and clothing in use with the sick, as well as those kept in the hospital, to meet emergencies. On each occasion of these articles being issued by the Purveyor, and returned to him; a receipt, in Forms Nos. 1 and 2, will be granted by the Medical officer or Purveyor.

*For Medical Officer, or the person deputed by him to receive the articles.*

FORM No. 1.

Received from the Hospital Purveyor.

Articles.	Condition.			REMARKS.
	S.	R.	U.	

(Signed)

Station.  
Date.

*Her Majesty's Foot.*

*For Purveyor*

FORM No. 2.

Received from

*Her Majesty's Foot.*

Articles.	Condition.			REMARKS.
	S.	R.	U.	
Banians, flannel.....	15	13	5	To be washed.
Carpets, bedside.....	10	0	0	Being in excess of requirements.

(Signed)

Station.  
Date.

*Her Majesty's Foot.*



44. Executive Commissariat officers will supply Medical officers with the requisite number of chests or almirahs, for the safe custody of bedding and clothing issued by Commissariat Purveyors, to meet emergencies, for which the Medical officers are responsible.

### VIII. Hospital Servants.

45. HOSPITAL SERVANTS, NATIVE TROOPS.—No hospital servants are ordinarily supplied by the Commissariat to Native Troops, the establishment of two toties being borne on the strength of their respective regiments; but, when circumstances render necessary the temporary employment of extra toties an application for the same should be submitted for the sanction of Government by the Inspector General, Indian Medical Department. On Foreign service two cooks, one Hindu and one Mahomedan, are allowed for the preparation of the food of the patients dieted in each regimental hospital. These servants when required, are entertained and paid by the Commissariat Dept.

46 The ordinary establishment of a Native Regiment or Native Infantry Depôt is two toties. One is allowed for the Body Guard.

When extra toties are required, applications stating the necessity for further aid, are to be forwarded the Inspector-General Indian Medical Department; for the sanction of Government. When a Regiment is divided into two wings, one toty will be told off to each wing. For detachments of less than a wing at *permanent* out-posts one toty is allowed.

47. SERVANTS, BRITISH TROOPS.—The requisite establishments of attendants and servants for the hospitals of British regiments and detachments, are to be provided by the Commissariat department,

48. Distribution Tables.

*Revised allotment of Hospital Establishments, sanctioned by Government in Proceedings of Government, No. 2,824, dated 16th August 1864, with further amendments.*

Number.	Designation of Servants.	CENTRE DIVISION.					
		MADRAS.		PALAVERAM.		POONAMALLEE.	
		Hospital of British Infantry Regiment of full strength.		Hospital of European Artillery Veteran Company, Details and Cantonment.		Depôt Hospital.	
		No.	Amount.	No.	Amount.	No.	Amount.
			RS. A. P.		RS. A. P.		RS. A. P.
1	1st Class Purveyor ...	1	45 0 0	...	...	...	...
2	2nd Class Purveyor ...	...	...	...	...	...	...
3	3rd Class Purveyor* ...	1	20 0 0	1	20 0 0	2	40 0 0
	Total...	2	65 0 0	1	20 0 0	2	40 0 0
4	Barber ...	...	...	...	...	...	...
5	Bheasty ...	2†	12 0 0	1	6 0 0	...	...
6	Cook ...	1	7 0 0	1	7 0 0	1	7 0 0
7	Cook's Mate ...	1	4 0 0	...	...	1	4 0 0
8	Cooly Maistry ...	1	7 0 0	...	...	1	7 0 0
9	Coolies for Leeching, 1st Class	3	18 0 0	1	6 0 0	2	12 0 0
10	Do. for Ward 2nd do.	8	42 0 0	2	10 8 0	6	31 8 0
11	Do. Female ...	1	5 0 0	1‡	5 0 0§	1	5 0 0
12	Cooper ...	...	...	...	...	...	...
13	Lamp-lighter or Massaljee...	...	...	...	...	...	...
14	Lascars ...	...	...	...	...	...	...
15	Leechmen ...	...	...	...	...	...	...
16	Messenger ...	...	...	...	...	...	...
17	Nurse, European ...	1	10 0 0	1‡	10 0 0	1	10 0 0
18	Do. Assistant ...	...	...	...	...	...	...
19	Do. Native ...	...	...	...	...	...	...
20	Peons ...	...	...	...	...	...	...
21	Puckallies ...	...	...	...	...	1	8 8 0
22	Sweepers ...	3	7 0 0	1	2 5 4	2	4 10 8
23	Tailors ...	2	16 0 0	...	...	2	16 0 0
24	Toties ...	3	18 0 0	1	6 0 0	2	12 0 0
25	Do. Female ...	1	5 0 0	...	...	1	3 8 0
26	Washermen ...	2	16 0 0	1	8 0 0	1	8 0 0
27	Watermen ...	...	...	...	...	...	...
28	Waterwomen ...	...	...	...	...	...	...
	Total...	28	167 0 0	10	60 18 4	21‡	129 2 8
29	Barrel Water Carts ...	...	...	...	...	...	...
30	Scavengers' Carts ...	...	...	...	...	...	...

\* G. O., No. 2,061, dated 1st June 1860.

† G. O., No. 4,697 dated 5th December 1867, M. D.

‡ Vide G. O., No. 2,824, dated 16th August 1864, M. D.

§ Vide G. O., No. 4,155, dated 1st December 1862.

|| Vide G. O., No. 3,555, dated 26th October 1864, M. D.

¶ Vide G. O., No. 60, dated 5th January 1863.

*Revised allotment of Hospital Establishments, sanctioned by Government in Proceedings of Government, No. 2,824, dated 16th August 1864, with further amendments.—(Continued).*

Number.	Designation of Servants.	CENTRE DIVISION.					
		MADRAS.			SAINT THOMAS' MOUNT.		
		European Detail Hospital.		Hospital of European Artillery.		Lock Hospital.	
		No.	Amount.	No.	Amount.	No.	Amount.
			RS. A. P.		RS. A. P.		RS. A. P.
1	1st Class Purveyor ...	...	...	...	...	...	...
2	2nd Class Purveyor ...	...	...	1	80 0 0	...	...
3	3rd Class Purveyor ...	...	...	...	...	...	...
	Total...	...	...	1	80 0 0	..	...
4	Barber ...	...	...	...	...	...	...
5	Bheasty ...	...	...	...	...	...	...
6	Cook ...	...	...	1	7 0 0	1	5 0 0
7	Cook's Mate ...	...	...	1	4 0 0	...	...
8	Cooly Maistry ...	...	...	...	...	...	...
9	Coolies for Leeching, 1st Class	1	6 0 0	3	18 0 0	...	...
10	Do. for Ward, 2nd do.	2	10 8 0	5†	26 4 0	...	...
11	Do. Female ...	...	...	1	5 0 0	2	10 0 0
12	Cooper ...	...	...	...	...	...	...
13	Lamp-lighter or Massaljee...	...	...	...	...	...	...
14	Lascars ...	...	...	...	...	...	...
15	Leechmen ...	...	...	...	...	...	...
16	Messenger ...	...	...	...	...	...	...
17	Nurse, European...	...	...	1	10 0 0	...	...
18	Do. Assistant ...	...	...	...	...	...	...
19	Do. Native ...	...	...	...	...	1	10 0 0
20	Peons ...	...	...	...	...	2	10 0 0
21	Packallies ...	1	8 8 0	1	8 8 0	...	...
22	Sweepers ...	1	2 5 4	3	7 0 0	...	...
23	Tailors ...	...	...	1	8 0 0	...	...
24	Toties ...	1	6 0 0	3†	18 0 0	1	5 0 0
25	Do. Female ...	...	...	1	3 8 0	...	...
26	Washermen ...	1	8 0 0	1	10 8 0	1	4 0 0
27	Watermen ...	...	...	...	...	1	4 0 0
28	Waterwomen ...	...	...	...	...	...	...
	Total...	7*	41 5 4	22	125 12 0	8	44 0 0
29	Barrel Water Carts ...	...	...	..	...	...	...
30	Scavenger's Carts ...	...	...	...	...	...	...

\* Vide G. O., No. 2,805 dated 26th October 1864, M.D.

† G. O., No. 2,824, dated 16th August 1864.

‡ Vide G. O., No. 4,133, dated 21st October 1863.

N. B.—1 Tuly and 1 Bheasty sanctioned, G. O., No. 847, dated 3rd March 1865, for the Native Detail Hospital at Saint Thomas' Mount.

*Revised allotment of Hospital Establishments, sanctioned by Government in Proceedings of Government, No. 2,824, dated 16th August 1864, with further amendments.—(Continued).*

Number.		Designation of Servants.	MYSORE DIVISION.														
			BANGALORE.														
			Garrison Hospital.				Horse Brigade Royal Artillery Hospital.				Hospital of British Cavalry Regiment of full strength.						
			No.	Amount.			No.	Amount.			No.	Amount.					
				Rs.	A.	P.			Rs.	A.	P.			Rs.	A.	P.	
1		1st Class Purveyor ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2		2nd Class Purveyor...	...	...	...	...	...	...	...	...	...	...	1	30	0	0	
3		3rd Class Purveyor ...	...	1	20	0	0	1	20	0	0	1	20	0	0		
Total...			1	20	0	0	1	20	0	0	2	50	0	0			
4		Barber ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
5		Bheasty ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
6		Cook ...	...	...	...	...	1	8	12	0	1	8	12	0			
7		Cook's Mate ...	...	1	6	0	0	1	6	0	0	1	6	0	0		
8		Cooly Maistry ...	...	...	...	...	...	...	...	...	...	1	7	0	0		
9		Coolies for Leeching, 1st Class	1	7	0	0	2	14	0	0	3	21	0	0			
10		Do. for Ward, 2nd do.	1	5	4	0	{3	15	12	0}	8	42	0	0			
11		Do. Female ...	...	...	...	...	{2	10	8	0}	1	3	8	0			
12		Cooper ...	...	...	...	...	1	3	8	0	...	...	...	...			
13		Lamp-lighter or Massaljee...	...	...	...	...	...	...	...	...	...	...	...	...			
14		Lascars ...	...	...	...	...	...	...	...	...	...	...	...	...			
15		Leechmen ...	...	...	...	...	...	...	...	...	...	...	...	...			
16		Messenger ...	...	...	...	...	...	...	...	...	...	...	...	...			
17		Nurse, European ...	...	...	...	...	1	10	0	0	1	10	0	0			
18		Do. Assistant ...	...	...	...	...	...	...	...	...	...	...	...	...			
19		Do. Native ...	...	...	...	...	...	...	...	...	...	...	...	...			
20		Peons ...	...	...	...	...	...	...	...	...	...	...	...	...			
21		Puckallies ...	...	...	...	...	1	8	12	0	2	17	8	0			
22		Sweepers ...	1†	3	8	0	{1	7	0	0}	3	10	8	0			
23		Tailors ...	...	...	...	...	1	8	0	0	2	15	12	0			
24*		Toties ...	1	6	0	0	{2	12	0	0}	3	18	0	0			
25		Do. Female ...	...	...	...	...	{1	6	0	0}	1	6	0	0			
26		Washermen ...	...	...	...	...	{1	8	12	0}	2	17	8	0			
27		Watermen ...	...	...	...	...	...	...	...	...	...	...	...	...			
28		Waterwomen ...	1‡	4	0	0	...	...	...	...	...	...	...	...			
Total...			6	18	12	0	22	137	4	0	29	183	8	0			
29		Barrel Water Carts ...	...	...	...	...	...	...	...	...	...	...	...	...			
30		Scavengers' Carts ...	1§	8	0	0	...	...	...	...	...	...	...	...			

\* G. O., No. 60, dated 8th January 1863.  
† G. O., No. 1,403, dated 19th April 1863.  
‡ G. O. No. 2,533, dated 9th August 1863.

§ G. O. No. 312, dated 18th January 1866.  
|| G. O. No. 4,609, dated 25th Novr. 1867. M. D.  
|| G. O. No. 633, dated 16th Feb 1868. M. D.

*Revised allotment of Hospital Establishments, sanctioned by Government in Proceedings of Government, No. 2,824, dated 16th August 1864, with further amendments.—(Continued).*

Number.	Designation of Servants.	MYSORE DIVISION.				HYDERABAD SUBSIDIARY FORCE.	
		BANGALORE.				SECUNDERABAD.	
		Hospital of British Infantry Regiment of full strength.		Look Hospital.		Hospital of British Cavalry Regiment of full strength.	
		No.	Amount.	No.	Amount.	No.	Amount.
			RS. A. P.		RS. A. P.		RS. A. P.
1	1st Class Purveyor ...	...	...	...	...	...	...
2	2nd Class Purveyor ...	1	30 0 0	...	...	1	30 0 0
3	3rd Class Purveyor ...	1	20 0 0	...	...	1	20 0 0
	Total...	2	50 0 0	...	...	2	50 0 0
4	Barber ...	...	...	...	...	...	...
5	Bheasty ...	...	...	...	...	...	...
6	Cook ...	1	8 12 0	1	7 0 0	1	8 9 0
7	Cook's Mate ...	1	6 0 0	...	...	1	5 15 10
8	Cooly Maistry ...	1	7 0 0	...	...	1	8 8 11
9	Coolies for Leeching, 1st Class	3	21 0 0	...	...	3	17 15 6
10	Do. for Ward, 2nd do.	8	42 0 0	...	...	8	44 8 0
11	Do. Female ...	1	3 8 0	...	...	1	4 4 5
12	Cooper ...	...	...	...	...	...	...
13	Lamp-lighter or Massaljee ...	...	...	...	...	...	...
14	Lascars ...	...	...	...	...	...	...
15	Leechmen ...	...	...	...	...	...	...
16	Messenger ...	...	...	...	...	...	...
17	Nurse, European ...	1	10 0 0	...	...	1	10 0 0
18	Do. Assistant ...	...	...	...	...	...	...
19	Do. Native ...	...	...	2	12 0 0	...	...
20	Peons ...	...	...	2	12 0 0	...	...
21	Puckallies ...	2	17 8 0	...	...	2	23 0 0
22	Sweepers ...	3	10 8 0	...	...	3	12 13 8
23	Tailors ...	2	15 12 0	...	...	2	13 5 6
24*	Toties ...	3	18 0 0	1	5 0 0	3	17 15 6
25	Do. Female ...	1	6 0 0	...	...	1	5 2 2
26	Washermen ...	2	17 8 0	...	...	2	18 5 0
27	Watermen ...	...	...	...	...	...	...
28	Waterwomen ...	...	...	...	...	...	...
	Total...	29	183 8 0	6	36 0 0	28	184 4 11
29	Barrel Water Carts & Puckally	...	...	1†	16 7 0	1‡	26 0 0
30	Scavengers' Carts ..	...	...	...	...	...	...

\* G. O., No. 6, dated 8th January 1868.

† G. O. No. 2,630, dated 30th July 1864.

‡ Sanctioned as a temporary measure, Vide G. O. No. 2,847, dated 7th October 1867, M. D.

*Revised allotment of Hospital Establishments, sanctioned by Government in Proceedings of Government, No. 2,824 dated 16th August 1864, with further amendments.—(Continued).*

Number.	Designation of Servants.	HYDERABAD SUBSIDIARY FORCE.—(Contd.)								
		SECUNDERABAD.—(Contd.)								
		Royal Artillery Hospital.			Cantonment Hospital.			Lock Hospital.		
		No.	Amount.		No.	Amount.		No.	Amount.	
			RS.	A.	P.		RS.	A.	P.	
1	1st Class Purveyor ...	...	...	...	...	...	...	...	...	...
2	2nd Class Purveyor...	1	30	0	0	...	...	...	...	...
3	3rd Class Purveyor...	...	...	...	...	...	...	...	...	...
	Total...	1	30	0	0	...	...	...	...	...
4	Barber ...	...	...	...	...	...	...	...	...	...
5	Bheasty ...	...	...	...	1+	9	0	0	...	...
6	Cook ...	1	8	9	0	...	...	...	1	6 8 0
7	Cook's Mate ...	1	5	15	10	...	...	...	...	...
8	Cooly Maistry ...	...	...	...	...	...	...	...	...	...
9	Coolies for Leeching, 1st Class	2	11	15	8	1	5	15	10	...
10	Do. for Ward, 2nd do.	4	22	4	0	1	5	9	0	...
11	Do. Female ...	1	4	4	5	...	...	...	2	10 0 0
12	Cooper ...	...	...	...	...	...	...	...	...	...
13	Lamp-lighter or Massaljee...	...	...	...	...	...	...	...	...	...
14	Lascars ...	...	...	...	...	...	...	...	...	...
15	Leechmen ...	...	...	...	...	...	...	...	...	...
16	Messenger ...	...	...	...	...	...	...	...	...	...
17	Nurse, European ...	1	10	0	0	...	...	...	...	...
18	Do. Assistant ...	...	...	...	...	...	...	...	...	...
19	Do. Native ...	...	...	...	...	...	...	...	1	10* 0 0
20	Peons ...	...	...	...	...	...	...	...	2	11 0 0
21	Puckallies ...	1	11	0	0	...	...	...	1	11 0 0
22	Sweepers ...	2	8	8	10	...	...	...	...	...
23	Tailors ...	1	6	10	9	...	...	...	...	...
24	Toties ...	2	11	15	8	1	5	15	10	...
25	Do. Female ...	1	5	2	2	...	...	...	1	4 8 0
26	Washermen ...	1	9	2	6	...	...	...	...	...
27	Watermen ...	...	...	...	...	...	...	...	...	...
28	Waterwomen ...	...	...	...	...	...	...	...	...	...
	Total...	18	115	8	10	4	25	8	8	53 0 0
29	Barrel Water Carts & Puckally	...	...	...	...	...	...	...	...	...
30	Scavengers' Carts ...	1*	16	0	0	...	...	...	...	...

\* G. O. No. 2,552, dated 29th June 1868, M. D.  
† G. O. No. 4,634, dated 16th December 1866.

Proceedings of Government No. 2,929 B., dated 1st August 1867.  
Do. do. No. 407, do. 4th February 1868.

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*Revised allotment of Hospital Establishments, sanctioned by Government in Proceedings of Government, No. 2,824, dated 16th August 1864, with further amendments.—(Continued).*

Number.	Designation of Servants.	HYDERABAD SUBSIDIARY FORCE.—(Continued.)				NAGPORE FORCE.	
		TRIMULGHERRY.		TRIMULGHERRY.		KAMPTUL.	
		Hospital of British Infantry Regiment of full strength.		Hospital of British Infantry Regiment of full strength.		Hospital of British Infantry Regiment of full strength.	
		No.	Amount.	No.	Amount.	No.	Amount.
			RS. A. P.		RS. A. P.		RS. A. P.
1	1st Class Purveyor ...	...	...	...	...	...	...
2	2nd Class Purveyor...	1	30 0 0	1	30 0 0	1	30 0 0
3	3rd Class Purveyor..	1	20 0 0	1	20 0 0	1	20 0 0
	Total...	2	50 0 0	2	50 0 0	2	50 0 0
4	Barber ...	1	8 9 0	1	8 9 0	...	...
5	Bheasty ...	1	5 15 10	1	5 15 10	...	...
6	Cook ...	1	8 9 0	1	8 9 0	1	9 12 0
7	Cook's Mate...	3	17 15 6	3	17 15 6	1	8 0 0
8	Cooly Maistry ...	8	44 8 0	8	44 8 0	1	8 0 0
9	Coolies for Leeching, 1st Class	1	6 0 0	1	6 0 0	3	21 0 0
10	Do. for Ward, 2nd do.	...	...	...	...	8	48 0 0
11	Do. Females ...	...	...	...	...	1	5 0 0
12	Cooper ...	...	...	...	...	...	...
13	Lamp-lighter or Massaljee.	...	...	...	...	...	...
14	Lascars ...	...	...	...	...	...	...
15	Leechmen ...	...	...	...	...	...	...
16	Messenger ...	...	...	...	...	...	...
17	Nurse, European ...	1	10 0 0	1	10 0 0	1	10 0 0
18	Do. Assistant ...	...	...	...	...	...	...
19	Do. Native ...	...	...	...	...	...	...
20	Peons ...	...	...	...	...	...	...
21	Puckallies ...	2	22 0 0	2	22 0 0	2	20 0 0
22	Sweepers ...	3	12 13 3	3	12 13 3	3	18 0 0
23	Tailors ...	2	18 5 6	2	18 5 6	2	18 0 0
24	Toties ...	3	17 15 6	3	17 15 6	3	21 0 0
25	Do. Female ...	1	5 2 2	1	5 2 2	...	...
26	Washermen ...	2	18 5 0	2	18 5 0	2	19 4 0
27	Watermen ...	...	...	...	...	...	...
28	Waterwomen ...	...	...	...	...	...	...
	Total...	29	191 2 9	29	191 2 9	28	206 0 0
29	Barrel Water Carts ...	1	24 0 0	1	24 0 0	1†	...
30	Scavengers' Carts ...	1	16 0 0	1	16 0 0	...	...

\* G. O. No. 1,918, dated 6th June 1866.

† Proceedings of Government, No. 2,910, dated 7th August 1867, M. D.

*Revised allotment of Hospital Establishment, sanctioned by Government in Proceedings of Government, No. 2,824, dated 16th August 1864, with further amendments.—(Continued).*

Number.	Designation of Servants.	NAGPORE FORCE.—(Continued).					
		KAMPTEE.—(Continued.)				NAGPORE.	
		Artillery Hospital.		Lock Hospital.		Lock Hospital.	
		No.	Amount.	No.	Amount.	No.	Amount.
			RS. A. P.		RS. A. P.		RS. A. P.
1	1st Class Purveyor ...	...	...	...	...	...	...
2	2nd Class Purveyor...	1	80 0 0	...	...	...	...
3	3rd Class Purveyor ...	...	...	...	...	...	...
	Total...	1	80 0 0	...	...	...	...
4	Barber ...	...	...	...	...	...	...
5	Bheasty ...	...	...	...	...	...	...
6	Cook ...	1	9 12 0	1	5 0 0	1	5 0 0
7	Cook's Mate...	1	8 0 0	...	...	...	...
8	Cooly Maistry ...	...	...	...	...	...	...
9	Coolies for Leeching, 1st Class	2	14 0 0	...	...	...	...
10	Do. for Ward, 2nd do.	5	30 0 0	...	...	...	...
11	Do. Female ...	1*	5 0 0	2	10 0 0	2	10 0 0
12	Cooper ...	...	...	...	...	...	...
13	Lamp-lighter or Massaljee...	...	...	...	...	...	...
14	Lascars ...	...	...	...	...	...	...
15	Leechmen ...	...	...	...	...	...	...
16	Messenger ...	...	...	...	...	...	...
17	Nurse, European ...	1	10 0 0	...	...	...	...
18	Do. Assistant ...	...	...	...	...	...	...
19	Do. Native ...	...	...	1	10 0 0	...	...
20	Peons ...	...	...	2	10 0 0	2	10 0 0
21	Puckallies ...	1	10 0 0	...	...	...	...
22	Sweepers ...	2	12 0 0	...	...	...	...
23	Tailors ...	1	9 0 0	...	...	...	...
24	Toties ...	2†	14 0 0	1	5 0 0	1	5 0 0
25	Do. Female ...	1‡	5 0 0	...	...	...	...
26	Washermen ...	2	19 4 0	...	...	...	...
27	Watermen ...	...	...	1	4 0 0	1	4 0 0
28	Waterwomen ...	...	...	...	...	...	...
	Total...	20	146 0 0	8	44 0 0	6§	34 0 0
29	Barrel Water Carts ...	...	...	...	...	...	...
30	Scavengers' Carts ...	...	...	...	...	...	...

\* Vide G. O., No. 2,521, dated 7th July 1860.

† G. O., No. 804, dated 10th March 1860.

‡ G. O., No. 707, dated 23rd February 1866. G. O., No. 1,299, dated 3rd April, 1869.

§ G. O., No. 1,393, dated 14th April 1869.



*Revised allotment of Hospital Establishments, sanctioned by Government, in Proceedings of Government, No. 2,824, dated 16th August 1864, with further amendments.—(Continued).*

Number.	Designation of Servants.	NAGPORE FORCE.—(Contd).				NORTHERN DISTRICTS.	
		SEENTABULDEE.		CHINDWARRAH.		VIZAGAPATAM.	
		European Detail Hospital.		Hospital of a Detachment of a British Regiment.		European Infantry Veteran Company and Garrison Hospital.	
		No.	Amount.	No.	Amount.	No.	Amount.
			RS. A. P.		RS. A. P.		RS. A. P.
1	1st Class Purveyor ...	...	...	...	...	...	...
2	2nd Class Purveyor ...	...	...	...	...	...	...
3	3rd Class Purveyor ...	...	...	...	...	1	20 0 0
	Total...	...	...	...	...	1	20 0 0
4	Barber ...	...	...	...	...	...	...
5	Bheasty ...	1	7 0 0	1	9 12 0	...	...
6	Cook ...	1	7 0 0	...	...	...	...
7	Cook's Mate ...	...	...	1	11 0 0	1	6 0 0
8	Cooly Maistry ...	...	...	...	...	...	...
9	Coolies for Leeching, 1st Class	1	6 0 0	1	8 0 0	1	5 0 0
10	Do. for Ward, 2nd do.	1	5 6 0	1	7 0 0	2	10 0 0
11	Do. Female ...	...	...	...	...	...	...
12	Cooper ...	...	...	...	...	...	...
13	Lamp-lighter or Massaljee...	...	...	...	...	...	...
14	Lascars ...	...	...	...	...	...	...
15	Leechmen ...	...	...	...	...	...	...
16	Messenger ...	...	...	...	...	...	...
17	Nurse, European ...	...	...	...	...	...	...
18	Do. Assistant ...	...	...	...	...	...	...
19	Do. Native ...	...	...	...	...	...	...
20	Peons ...	...	...	...	...	...	...
21	Puckallies ...	...	...	...	...	...	...
22	Sweepers ...	...	...	...	...	...	...
23	Tailors ...	...	...	...	...	...	...
24	Toties ...	...	...	...	...	1	5 0 0
25	Do. Female ...	1	6 8 0	1	7 0 0	...	...
26	Washermen ...	...	...	...	...	1	5 0 0
27	Watermen ...	...	...	...	...	...	...
28	Waterwomen...	...	...	...	...	...	...
	Total...	5	31 14 0	5	42 12 0	6	31 0 0
29	Barrel Water Carts...	...	...	...	...	...	...
30	Scavengers' Carts ...	...	...	...	...	...	...

*Revised allotment of Hospital Establishments, sanctioned by Government in Proceedings of Government, No 2,824, dated 16th August 1864, with further amendments.—(Continued).*

Number.	Designation of Servants.	CEDED DISTRICTS.					
		BELLARY.					
		Garrison Hospital.		Royal Artillery Hospital.		Hospital of British Infantry Regiment of full strength.	
		No.	Amount.	No.	Amount.	No.	Amount.
			RS. A. P.		RS. A. P.		RS. A. P.
1	1st Class Purveyor ...	...	...	...	...	...	...
2	2nd Class Purveyor...	...	...	...	...	1	80 0 0
3	3rd Class Purveyor...	1	20 0 0	1	20 0 0	...	...
	Total...	1	20 0 0	1	20 0 0	1	80 0 0
4	Barber ...	...	...	...	...	...	...
5	Bheasty ...	...	...	...	...	...	...
6	Cook...	...	...	1	6 0 0	1	7 0 0
7	Cook's Mate...	1	4 0 0	...	...	1	4 0 0
8	Cooly Maistry ...	...	...	...	...	1	7 0 0
9	Coolies for Leeching, 1st } Class ... }	1	6 0 0	{ 1 *1	{ 6 0 0 6 0 0	{ 3 }	{ 18 0 0 }
10	Do. for Ward, 2nd do...	1	5 0 0	{ 3 *1	{ 10 0 0 5 0 0	{ 8 }	{ 40 0 0 }
11	Do. Female ...	...	...	...	...	1	5 0 0
12	Cooper ...	...	...	...	...	...	...
13	Lamp-lighter or Massaljee...	...	...	...	...	...	...
14	Lascars ...	...	...	...	...	...	...
15	Leechmen ...	...	...	...	...	...	...
16	Messenger ...	...	...	...	...	...	...
17	Nurse, European ...	...	...	1	10 0 0	1	10 0 0
18	Do. Assistant ...	...	...	...	...	...	...
19	Do. Native ...	...	...	...	...	...	...
20	Peons...	...	...	...	...	...	...
21	Puckallies ...	...	...	*1	8 12 0	2	17 8 0
22	Sweepers ...	...	...	1	8 8 0	3	12 0 0
23	Tailors ...	...	...	...	...	2	16 0 0
24	Toties ...	1	6 0 0	{ 1 *1	{ 6 0 0 6 0 0	{ 3 }	{ 18 0 0 }
25	Do. Female ...	...	...	*1	6 0 0	†1	6 0 0
26	Washermen ...	...	...	1	7 0 0	2	16 0 0
27	Watermen ...	1	5 0 0	...	...	...	...
28	Waterwomen ...	...	...	...	...	...	...
	Total...	5	26 0 0	14	80 4 0	29	167 8 0
29	Barrel Water Carts...	...	...	...	...	...	...
30	Scavengers' Carts ...	...	...	...	...	...	...

\* G. O. No. 1,636, dated 24th April 1863.

† G. O. No. 4,262, dated 1st November 1867.

*Revised allotment of Hospital Establishments, sanctioned by Government in Proceedings of Government, No. 2,824, dated 16th August 1864, with further amendments.—(Continued).*

Number.	Designation of Servants.	CEDED DISTRICTS.—(Continued).				MALABAR AND CANARA.		
		BELLARY.—(Contd)		RAMANDROOG.		CANNANORE.		
		Lock Hospital.		European Hospital.*		Hospital of British Infantry Regiment of full strength.		
		No.	Amount.	No.	Amount.	No.	Amount.	
			RS. A. P.		RS. A. P.		RS. A. P.	
1	1st Class Purveyor...	...	...	...	...	...	...	...
2	2nd Class Purveyor ...	...	...	...	...	1	30 0 0	0
3	3rd Class Purveyor...	...	...	...	...	1	20 0 0	0
	Total...	...	...	...	...	2	50 0 0	0
4	Barber ...	...	...	...	...	...	...	...
5	Bheasty ...	...	...	1	8 0 0†	...	...	...
6	Cook ...	1	5 0 0	1	8 0 0†	1	8 12 0	0
7	Cook's Mate ...	...	...	...	...	1	7 0 0	0
8	Cooly Maistry ...	...	...	...	...	1	8 0 0	0
9	Coolies for Leeching, 1st Class	...	...	1	7 0 0	3	21 0 0	0
10	Do. for Ward, 2nd do.	...	...	1	6 0 0	8	43 0 0	0
11	Do. Female ...	2	10 0 0	...	...	1	5 0 0	0
12	Cooper ...	...	...	...	...	...	...	...
13	Lamp-lighter or Massaljee...	...	...	...	...	...	...	...
14	Lascars ...	...	...	...	...	...	...	...
15	Leechmen ...	...	...	...	...	...	...	...
16	Messenger ...	...	...	...	...	...	...	...
17	Nurse, European ...	...	...	...	...	1	10 0 3	0
18	Do. Assistant ...	...	...	...	...	...	...	...
19	Do. Native ...	1	10 0 0	...	...	...	...	...
20	Peons ...	2	10 0 0	...	...	...	...	...
21	Puckallies ...	...	...	...	...	2	17 0 0	0
22	Sweepers ...	...	...	...	...	3	10 8 0	0
23	Tailors ...	...	...	...	...	2	17 8 0	0
24	Toties ...	1	5 0 0	1*	8 0 0	3	21 0 0	0
25	Do. Female ...	...	...	...	...	1	5 0 0	0
26	Washermen ...	...	...	1†	8 0 0	2	23 0 0	0
27	Watermen ...	1	4 0 0	...	...	...	...	...
28	Waterwomen ...	...	...	...	...	...	...	...
	Total...	8	44 0 0	6†	45 0 0	29	194 12 0	0
29	Barrel Water Carts ...	...	...	...	...	...	...	...
30	Scavengers' Carts ...	...	...	...	...	...	...	...

\* G. O. No. 2,198, dated 12th June 1865.

† G. O. No. 2,425, dated 9th July 1867.

‡ G. O. No. 3,878, dated 9th October 1867.

§ G. O. No. 4,579, dated 27th November 1867.

*Revised allotment of Hospital Establishments, sanctioned by Government in Proceedings of Government, No. 2,824, dated 16th August 1864, with further amendments.—(Continued).*

Number.	Designation of Servants.	MALABAR AND CANARA.—(Continued).					
		CANNANORE.—(Contd.)					
		Royal Artillery Hospital.		Garrison Hospital.		Lock Hospital.	
		No.	Amount.	No.	Amount.	No.	Amount.
			RS. A. P.		RS. A. P.		RS. A. P.
1	1st Class Purveyor ...	...	...	...	...	...	...
2	2nd Class Purveyor ...	...	...	...	...	...	...
3	3rd Class Purveyor ...	1	20 0 0	1	20 0 0	...	...
	Total...	1	20 0 0	1	20 0 0	...	...
4	Barber ...	...	...	...	...	...	...
5	Bheasty ...	1	7 0 0	...	...	...	...
6	Cook ...	1	8 12 0	...	...	1	5 0 0
7	Cook's Mate ...	...	...	...	...	...	...
8	Cooly Maistry ...	...	...	...	...	...	...
9	Coolies for Leeching, 1st Class	1	7 0 0	1	7 0 0	...	...
10	Do. for Ward, 2nd do.	2	10 8 0	1	5 4 0	...	...
11	Do. Female ...	...	...	...	...	2	10 0 0
12	Cooper ...	...	...	...	...	...	...
13	Lamp-lighter or Massaljee...	...	...	...	...	...	...
14	Lascars ...	...	...	...	...	...	...
15	Leechmen ...	...	...	...	...	...	...
16	Messenger ...	...	...	...	...	...	...
17	Nurse, European ...	1*	10 0 0	...	...	...	...
18	Do. Assistant ...	...	...	...	...	...	...
19	Do. Native ...	...	...	...	...	1	10 0 0
20	Peons ...	...	...	...	...	2	10 0 0
21	Puckallies ...	...	...	...	...	...	...
22	Sweepers ...	1	3 8 0	...	...	...	...
23	Tailors ...	...	...	...	...	...	...
24	Toties ...	1	7 0 0	2	14 0 0	1	5 0 0
25	Do. Female ...	1	5 0 0	...	...	...	...
26	Washermen ...	1	8 0 0	...	...	...	...
27	Watermen ...	...	...	1	3 8 0	...	...
28	Waterwomen ...	...	...	...	...	1	4 0 0
	Total...	10	66 12 0	5	39 12 0	8	44 0 0
29	Barrel Water Carts ...	...	...	...	...	...	...
30	Scavengers' Carts ...	...	...	...	...	...	...

*Revised allotment of Hospital Establishments, sanctioned by Government in Proceedings of Government, No. 2,824, dated 16th August 1864, with further amendments.—(Continued).*

Number.	Designation of Servants.	MALABAR AND CANARA.—(Concluded).				SOUTHERN DISTRICT.	
		CALICUT.		MALLIAPOORUM.		TRICHINOPOLY.	
		Hospital of a Detachment of a British Regiment.		Hospital of a Detachment of a British Regiment.		Garrison Hospital.	
		No.	Amount.	No.	Amount.	No.	Amount.
			RS. A. P.		RS. A. P.		RS. A. P.
1	1st Class Purveyor ...	...	...	...	...	...	...
2	2nd Class Purveyor ...	...	...	...	...	...	...
3	3rd Class Purveyor ...	...	...	1	20 0 0	...	...
	Total...	...	...	1	20 0 0	...	...
4	Barber ...	...	...	...	...	...	...
5	Bheasty ...	...	...	1	7 0 0	...	...
6	Cook ...	1	9 0 0	1	9 0 0	...	...
7	Cook's Mate ...	...	...	...	...	...	...
8	Cooly Maistry ...	...	...	...	...	...	...
9	Coolies for Leeching, 1st Class	1	7 0 0	1	7 0 0	...	...
10	Do. for Ward, 2nd do.	2	10 8 0	2	10 8 0	1	5 0 0
11	Do. Female ...	...	...	...	...	...	...
12	Cooper ...	...	...	...	...	...	...
13	Lamp-lighter or Massaljee...	...	...	...	...	...	...
14	Lascars ...	...	...	...	...	...	...
15	Leechmen ...	...	...	...	...	...	...
16	Messenger ...	...	...	...	...	...	...
17	Nurse, European ...	...	...	...	...	...	...
18	Do. Assistant ...	...	...	...	...	...	...
19	Do. Native ...	...	...	...	...	...	...
20	Peons ...	...	...	...	...	...	...
21	Puckallies ...	1	10 12 0	...	...	...	...
22	Sweepers ...	1	*6 0 0	1	4 4 0	...	...
23	Tailors ...	...	...	...	...	...	...
24	Toties ...	1	†6 0 0	1	5 0 0	1	5 0 0
25	Do. Female ...	...	...	...	...	...	...
26	Washermen ...	1	6 0 0	1	6 0 0	...	...
27	Watermen ...	...	...	...	...	1	6 0 0
28	Waterwomen ...	...	...	...	...	...	...
	Total...	8	55 4 0	8	48 12 0	3	16 0 0
29	Barrel Water Carts ...	...	...	...	...	...	...
30	Scavengers' Carts ...	...	...	...	...	...	...

\* G. O. No. 4,948, dated 21st December 1867.

† G. O. No. 3,765, dated 1st October 1867, M.D.

*Revised allotment of Hospital Establishments, sanctioned by Government in Proceedings of Government, No. 2,824, dated 16th August 1864, with further amendments.—(Continued).*

Number.	Designation of Servants.	SOUTHERN DISTRICT.—(Continued).					
		TRICHINOPOLY.—(Continued).				WELLINGTON.	
		Lock Hospital.		Detail Hospital.		Convalescent Depot.	
		No.	Amount.	No.	Amount.	No.	Amount.
			RS. A. P.		RS. A. P.		RS. A. P.
1	1st Class Purveyor ...	...	...	...	...	...	...
2	2nd Class Purveyor...	...	...	...	...	1	30 0 0
3	3rd Class Purveyor ...	...	...	1	20 0 0	1	20 0 0
	Total...	...	...	1	20 0 0	2	50 0 0
4	Barber ...	...	...	...	...	...	...
5	Bheasty ...	...	...	...	...	...	...
6	Cook ...	1	7 0 0	1	7 0 0	1	14 0 0
7	Cook's Mate ...	...	...	...	...	1	10 8 0
8	Cooly Maistry ...	...	...	...	...	1	10 0 0
9	Coolies for Leeching, 1st Class	...	...	2	11 0 0	†3	24 0 0
10	Do. for Ward, 2nd do.	...	...	3	15 0 0	†3	56 0 0
11	Do. Female ...	...	...	1	3 8 0	1	7 0 0
12	Cooper ...	...	...	...	...	...	...
13	Lamp-lighter or Massajee...	...	...	...	...	...	...
14	Lascars ...	...	...	...	...	...	...
15	Leechmen ...	...	...	...	...	...	...
16	Messenger ...	...	...	...	...	...	...
17	Nurse, European ...	...	...	1*	8 0 0	1	10 0 0
18	Do. Assistant ...	...	...	...	...	...	...
19	Do. Native ...	1	6 0 0	...	...	...	...
20	Peons ...	2	12 0 0	...	...	...	...
21	Puckallies ...	1	6 0 0	1	11 0 0	3	30 0 0
22	Sweepers ...	...	...	2	6 0 0	3	18 0 0
23	Tailors ...	...	...	1	6 0 0	2	24 0 0
24	Toties ...	1	5 0 0	2	12 0 0	3	24 0 0
25	Do. Female ...	...	...	1	3 8 0	1	7 0 0
26	Washermen ...	...	...	1	8 12 0	2	28 0 0
27	Watermen ...	...	...	...	...	...	...
28	Waterwomen ...	...	...	...	...	...	...
	Total...	6	36 0 0	16	91 12 0	†29	289 8 0
29	Barrel Water Carts...	...	...	...	...	...	...
30	Scavengers' Carts ...	...	...	...	...	...	...

\* G. O. No. 586, dated 13th February 1866.

† Proceedings of Government No. 2750, dated 26th July 1867.

*Revised allotment of Hospital Establishments, sanctioned by Government in Proceedings of Government, No. 2,824, dated 16th August 1864, with further amendments.—(Continued).*

Number.	Designation of Servants.	SOUTHERN DISTRICT.—(Contd).				PEGU DIVISION.	
		WELLINGTON.—(Contd).				RANGOON.	
		Lock Hospital.		Native Detail Hospital.		Hospital of Royal Artillery.	
		No.	Amount.	No.	Amount.	No.	Amount.
			RS. A. P.		RS. A. P.		RS. A. P.
1	1st Class Purveyor ...	...	...	...	...	1	45 0 0
2	2nd Class Purveyor ...	...	...	...	...	...	...
3	3rd Class Purveyor ...	...	...	...	...	...	...
	Total...	...	...	...	...	1	45 0 0
4	Barber ...	...	...	...	...	...	...
5	Bheasty ...	...	...	...	...	1	8 8 0
6	Cook ...	1	5 0 0	...	...	1	11 0 0
7	Cook's Mate ...	...	...	...	...	...	...
8	Cooly Maistry ...	...	...	...	...	...	...
9	Coolies for Leeching, 1st Class	...	...	...	...	1	9 0 0
10	Do. for Ward, 2nd do.	...	...	1	7† 0 0	2	16 0 0
11	Do. Female ...	2	10 0 0	...	...	...	...
12	Cooper ...	...	...	...	...	...	...
13	Lamp-lighter or Massaljee ...	...	...	...	...	...	...
14	Lascars ...	...	...	...	...	...	...
15	Leechmen ...	...	...	...	...	...	...
16	Messenger ...	...	...	...	...	...	...
17	Nurse, European ...	...	...	...	...	1	12 8 0
18	Do. Assistant ...	1	10 0 0	...	...	...	...
19	Do. Native ...	...	...	...	...	...	...
20	Peons ...	2	12* 0 0	...	...	...	...
21	Puckallies ...	...	...	...	...	...	...
22	Sweepers ...	...	...	...	...	1	8 0 0
23	Tailors ...	...	...	...	...	...	...
24	Toties ...	1	5 0 0	1	5† 0 0	1	8 8 0
25	Do. Female ...	...	...	...	...	...	...
26	Washermen ...	...	...	...	...	1	12 0 0
27	Watermen ...	...	...	...	...	...	...
28	Waterwomen ...	1	4 0 0	...	...	...	...
	Total...	8	46 0 0	2	12 0 0	9	85 8 0
29	Barrel Water Carts ...	...	...	...	...	...	...
30	Scavengers' Carts ...	...	...	...	...	...	...

\* G. O. No. 1841, dated 16th May 1865.  
† G. O. No. 1753, dated 21st May 1866.

*Revised allotment of Hospital Establishments, sanctioned by Government in Proceedings of Government, No. 2,824, dated 16th August 1864, with further amendments.—(Continued).*

Number.	Designation of Servants.	PEGU DIVISION.—(Continued).					
		RANGOON.—(Contd.).				TONGHOO.	
		Hospital of British Infantry Regiment of full strength.		Lock Hospital.		Hospital of Right Wing of a British Infantry Regiment.	
		No.	Amount.	No.	Amount.	No.	Amount.
			RS. A. P.		RS. A. P.		RS. A. P.
1	1st Class Purveyor ...	1	45 0 0	...	...	1	45 0 0
2	2nd Class Purveyor ...	1	30 0 0	...	...	...	...
3	3rd Class Purveyor ...	...	...	...	...	...	...
	Total...	2	75 0 0	...	...	1	45 0 0
4	Barber ...	...	...	...	...	...	...
5	Bheasty ...	4*	40 0 0	...	...	1	10 0 0
6	Cook ...	1	11 0 0	1	14 0 0	1	11 0 0
7	Cook's Mate ...	1	8 8 0	...	...	...	...
8	Cooly Maistry ...	1	9 0 0	...	...	...	...
9	Coolies for Leeching, 1st Class	3	27 0 0	1	12 0 0	2	18 0 0
10	Do. for Ward, 2nd do.	8	64 0 0	...	...	3	24 0 0
11	Do. Female ...	1	10 0 0	...	...	...	...
12	Cooper ...	...	...	...	...	...	...
13	Lamp-lighter or Massaljee...	...	...	...	...	...	...
14	Lascars ...	...	...	...	...	...	...
15	Leechmen ...	...	...	...	...	...	...
16	Matrons...	...	...	2	40 0 0	...	...
17	Messenger ...	...	...	...	...	...	...
18	Nurse, European...	1	12 8 0	...	...	1	10 0 0
19	Do. Assistant...	...	...	...	...	...	...
20	Do. Native ...	...	...	...	...	...	...
21	Peons ...	...	...	...	...	...	...
22	Puckallies ...	...	...	...	...	...	...
23	Sweepers ...	3	24 0 0	...	...	2	16 0 0
24	Tailors ...	3	24 0 0	...	...	1	12 0 0
25	Toties ...	3†	30 0 0	1	12 0 0	2	20 0 0
26	Do. Female ...	1	8 8 0	...	...	1	10 0 0
27	Washermen ...	2	24 0 0	...	...	1	12 0 0
28	Watermen ...	...	...	...	...	...	...
29	Waterwomen ...	...	...	...	...	...	...
	Total...	31	292 8 0	15	78 0 0	15	143 0 0
30	Barrel Water Carts ...	...	...	...	...	...	...
31	Scavengers' Carts ...	...	...	...	...	...	...

\* G. O. No. 3029, dated 23rd October 1865.

† G. O. No. 3549, dated 22nd September 1865.

‡ G. O. No. 4243, dated 11th Dec. 1869, M. D.



*Revised allotment of Hospital Establishments, sanctioned by Government in Proceedings of Government, No. 2,824, dated 16th August 1864, with further amendments.—(Continued).*

Number.	Designation of Servants.	PEGU DIVISION.—(Continued).					
		TENGHOO.—(Contd.)				THYETMYOO.	
		Artillery Hospital.		Lock Hospital.		Hospital of Head Quarters of British Infantry Regiment.	
		No.	Amount.	No.	Amount.	No.	Amount.
			RS. A. P.		RS. A. P.		RS. A. P.
1	1st Class Purveyor ...	...	...	...	...	1	45 0 0
2	2nd Class Purveyor ...	1	30 0 0	...	...	...	...
3	3rd Class Purveyor ...	...	...	...	...	...	...
	Total...	1	30 0 0	...	...	1	45 0 0g
4	Barber ...	...	...	...	...	...	...
5	Bheasty ...	1	10 0 0	...	...	...	...
6	Cook ...	1	11 0 0	1	14 0 0	1	11 0 0
7	Cook's Mate ...	...	...	...	...	...	...
8	Cooly Maistry ...	...	...	...	...	...	...
9	Coolies for Leeching, 1st Class ...	...	...	...	...	2	18 0 0
10	Do. for Ward, 2nd do. ...	2	16 0 0	...	...	3	24 0 0
11	Do. Female ...	...	...	...	...	...	...
12	Cooper ...	...	...	...	...	...	...
13	Lamp-lighter or Massaljee...	...	...	...	...	...	...
14	Lascars ...	...	...	...	...	...	...
15	Leechmen ...	...	...	...	...	...	...
16	Matrons ...	...	...	1	20 0 0	...	...
17	Messenger ...	...	...	...	...	...	...
18	Nurse, European...	1	10 0 0	...	...	1	12 8 0
19	Do. Assistant...	...	...	...	...	...	...
20	Do. Native ...	...	...	...	...	...	...
21	Peons ...	...	...	...	...	...	...
22	Puckallies ...	...	...	...	...	1	12 0 0
23	Sweepers ...	1	8 0 0	...	...	2	16 0 0
24	Tailors ...	...	...	...	...	1	12 0 0
25	Toties ...	1	10 0 0	1	12 0 0	2	20 0 0
26	Do. Female ...	...	...	...	...	1	10 0 0
27	Washermen ...	1	12 0 0	...	...	1	12 0 0
28	Watermen ...	...	...	...	...	...	...
29	Waterwomen ...	...	...	...	...	...	...
	Total...	8	77 0 0	3	46 0 0	15	147 8 0
30	Barrel Water Carts ...	...	...	...	...	...	...
31	Scavengers' Carts ...	...	...	...	...	...	...

*Revised allotment of Hospital Establishments, sanctioned by Government in Proceedings of Government, No. 2,824, dated 16th August 1864, with further amendments.—(Continued).*

Number.	Designation of Servants.	PEGU DIVISION.—(Continued).			
		THYETMYOO.			
		Royal Artillery Hospital.		Lock Hospital.	
		No.	Amount.	No.	Amount.
			RS. A. P.		RS. A. P.
1	1st Class Purveyor ...	...	...	...	...
2	2nd Class Purveyor ...	1	30 0 0	...	...
3	3rd Class Purveyor ...	...	...	...	...
	Total...	1	30 0 0	...	...
4	Barber... ..	...	...	...	...
5	Bheasty ... ..	1	9 0 0	...	...
6	Cook ... ..	1	11† 0 0	1	14 0 0
7	Cook's Mate ... ..	...	...	...	...
8	Cooly Maistry ... ..	...	...	...	...
9	Coolies for Leeching, 1st Class	1	9 0 0	...	...
10	Do. for Ward, 2nd do ...	2	16 0 0	...	...
11	Do. Female ... ..	...	...	...	...
12	Cooper ... ..	...	...	...	...
13	Lamp-lighter or Massaljee	...	...	...	...
14	Lascars ... ..	...	...	...	...
15	Leechmen ... ..	...	...	...	...
16	Matrons ... ..	...	...	1	20 0 0
17	Messenger ... ..	...	...	...	...
18	Nurse, European ... ..	1*	10 0 0	...	...
19	Do. Assistant ... ..	...	...	...	...
20	Do. Native ... ..	...	...	...	...
21	Peons... ..	...	...	...	...
22	Puckallies ... ..	...	...	...	...
23	Sweepers ... ..	1	8 0 0	...	...
24	Tailors ... ..	...	...	...	...
25	Toties ... ..	1	10 0 0	1	12 0 0
26	Do. Female ... ..	1	7 8 0	...	...
27	Washermen ... ..	1	12 0 0	...	...
28	Watermen ... ..	...	...	...	...
29	Waterwomen ... ..	...	...	...	...
	Total...	10	91 8 0	3	46 0 0
30	Barrel Water Carts ...	...	...	...	...
31	Scavengers' Carts ...	...	...	...	...

\* G. O. No. 2925, dated 9th August 1865.  
† No. 3252, dated 21st August 1865.

49. **EXTRA COOLIES.**—Each bed-ridden patient may, if necessary be provided with an extra cooly. Indents for extra coolies must give the names and diseases of patients for whom the aid is needed, and require the sanction of the Administrative Medical Officer of the Circle.

50. **FEMALE ATTENDANTS.**—In hospitals where no cooly-woman is sanctioned G. O. G. No. 165 of 1865. on the permanent establishment, one may be employed when the number of patients exceeds six. In all European hospitals where the number of female patients exceeds six, one extra female cooly will be allowed for every eight additional patients.

51. **ORDERLIES.**—Whenever hospital coolies are not procurable for European hospitals, and it may be necessary to appoint soldier-orderlies, the soldiers so appointed are allowed to receive from the Commissariat the pay undrawn for the coolies for whom they are substituted, it being understood that no extra charge to the State is to be occasioned by this arrangement.

52. **REMARKS ON THE ALLOTMENT OF SERVANTS.**—The fixed establishment is considered sufficient for all the duties of hospitals, under ordinary circumstances; but, under any peculiar circumstances that may render them indispensably necessary, additional coolies, sweepers, and toties will be furnished, on indent, countersigned by the Deputy Inspector General; or where no administrative officer may be present, by the medical officer in charge of the hospital; the circumstances being at the same time reported to the head of the department and the indent for extra servants being sanctioned by him.

(b.) It is to be understood that hospital servants are not included under the term Barrack attendants; applications for additional hospital servants, not provided for by existing regulations, are to be referred by Deputy Inspectors General for the consideration of the Inspector General.

(c.) Deputy Inspectors General will restrict, as far as possible, the employment of extra hospital servants.

(d.) The sanction of Government must be obtained for the employment of any servant of a class not included in the permanent establishment, or of a class not specified in the above remarks.

53. **TAILOR AND WASHERMAN FOR DETACHMENTS.**—As hospital clothing is always issued in a serviceable state to detachments when marching, a tailor can seldom or ever be required; and as the clothing can be easily washed by villagers, a washerman for such detachments may be dispensed with, and Deputy Inspectors General are to withhold their countersignature to indents

for servants of the above description, unless under peculiar circumstances, which should be explained to the Inspector General, British Medical Service, without delay. A tailor may be employed, when absolutely necessary, in the repair of hospital clothing, in hospitals where a servant of this description is not permanently entertained.

54. **DEPUTY INSPECTOR GENERAL TO RECOMMEND SUITABLE PERSONS AS HOSPITAL SERVANTS.**—The recommendation of Administrative Medical Officers is always to be attended to in behalf of persons, who may be by them deemed qualified to be employed as servants of the hospital department; and no servant shall be removed or discharged from the hospital establishments for incapacity or misconduct, unless on the recommendation of the Deputy Inspector General of the Circle, or by the sentence of a court-martial.

55. **PAY OF SERVANTS.**—Hospital servants attached to hospitals of Artillery and British regiments are mustered and paid by Regimental Paymasters. Those employed in Depôts, Garrison, and station hospitals, are paid by the Commissariat Department. The pay of extra servants is regulated by the rates sanctioned for the same class on the permanent establishment. Bills for extra servants are to be made out separately from those for fixed establishments, and submitted with the requisite vouchers to the Examiner of Medical Accounts, for pre-audit.

56. **FINES.**—Surgeons of hospitals will transmit to the Deputy Inspector General of the division, monthly, a memorandum of fines inflicted by them for misconduct on the part of the hospital servants; the Deputy Inspector General, after satisfying himself of the propriety and justice of such fines being inflicted, will countersign the document, and return it to the disbursing officer who will make the requisite stoppages from the attendant's pay.

57. **SERVANTS FOR TROOPS MARCHING.**—When detachments leave an European regiment, a proportion of the hospital establishment is to be detached with it. Specific application is to be made to the Commissariat for such additional persons to be entertained as may be necessary, and as cannot be spared from the permanent hospital establishment. These applications are to be made by the regimental surgeon, countersigned by the Deputy Inspector General, (or, in his absence, by the Commanding Officer of the regiment or station), and forwarded to the Commissariat officer, to be appended to his bill as a voucher. Indents for extra servants under this rule, must show the strength of men women and children, and be countersigned by the Administrative Medical Officer of the Circle, and forwarded for the sanction of the Inspector General.

58. The pay of Hospital servants employed with detachments composed of men of the same regiment is paid by the Regimental Paymaster : when the detachment is composed of men from different Regiments, by the Commissariat department. The rates of pay for extra servants marching are fixed by the Commissariat department, according to the market rate. The rates include everything, no batta or extra payment being admissable.

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APPENDIX.

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VOL. I.

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PP

## FORM No. 1.

## BATTAL TROOPS.

*Inspection Report of  
stationed at*

*Regiment of  
day of*

187 .

*In Medical charge of  
Surgeon.*

- I. Assistant Surgeon.
- II. Do. do.
1. Date of last Inspection.
2. Average strength during the year.
3. Average Sick for the year.
4. Number of Sick on day Inspection.
5. Per-centage of Sick to strength.
6. Do. of deaths to do.
7. Do. do. to treated.
8. Number of deaths during the year with diseases.
9. Strength of Women.
10. Do. of Children.
11. Number of cases under registration on day of Inspection.
12. Number registered since last Inspection.
13. Whether all cases of Syphilis have been entered in Case book.
14. Whether all cases taking extras.
15. If any have not been entered to forward a Nominal Return of them, specifying the dates of their admission and discharge.
16. To see that the Medical History sheets are filled up to date and kept in a perfect manner.
17. Also carefully to inspect those belonging to Invalids, that they be transmitted complete to the Director General.
18. To see to carrying out of Regulations.
19. To examine Records pending a detailed list of.
20. To ascertain the mortality from epidemic and other diseases.
21. And their causes.
22. To advise with Medical Officers on the same.
23. As to sanitary condition of Barracks, &c.
24. Cleanliness, ventilation, &c.
25. As to number of Inmates.
26. Drainage.
27. Rations and cooking.
28. Lavatories, baths, &c.

## FORM No. 1.—(Continued).

29. Gymnastics and games.
30. Water.
31. Local Malaria.
32. Sanitary state of Hospitals.
33. As to proper number of sick.
34. Whether excreta are properly removed.
35. Baths, lavatories, &c.
36. Sanitary vicinity of Hospital.
37. Cleanliness.
38. Kitchen arrangements.
39. Diets and cooking.
40. Diet Tables if hung up.
41. Medical attendance and nursing.
42. Whether Hospital has been unhealthy.
43. Hospital epidemics.
44. State of Surgery, and to see that there has been no extravagant expenditure of medicines, &c.
45. Surgical Instruments as to condition and sufficiency, forwarding a detail of instruments public and private.
46. Hospital Stores.
47. Repair of Hospital.
48. Discipline of Hospital.
49. Convalescent and Lunatic Wards.
50. Complaints or disputes.
51. Operating rooms and Dead-house.
52. Burial of the dead, how conveyed to grave.
53. Report of Inspections to Commander-in-Chief. To prevent loss of time the Inspecting Officer should give any sanitary advice that may appear requisite, on any matter included in the above instructions, on the spot, in writing, to the Commanding Officer and Medical Officer of the Corps or Station, or if necessary to the Head Military authority of Division.

Inspection Report of Regiment of Stationed at day of 187	
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## FORM No. 2.

## INDIAN TROOPS, JAILS AND CIVIL INSTITUTIONS.

*Inspection Report of Barracks and Hospital of**Regiment.\**

## BARRACKS.

1. Sanitary condition of as to (a) Cleanliness,—(b) Ventilation, (1, Natural, by doors and windows—the number of these ; 2, By other special ventilators, floor, ridge or otherwise),—(c) Lighting,—(d) Accommodation (dimensions of apartments, cubic area, average cubic space, and superficial area per man during past year),—(e) Drainage, (1, Natural, by configuration of surrounding ground ; 2, By artificial construction). (In Native Corps, the condition of the Regimental Lines to be particularly noted, as far as practicable, on the same points as European Barracks).
2. Sanitary condition of all buildings in connection with Barracks, such as Latrines, Guard-room, Reading-room, School-room, Prison cells, &c. Are there cesspools or foul drains connected with Latrines ? Are all excreta conveyed to a distance and buried ("dry" system of conservancy), and is the system effectually carried out ? Is coal tar freely used in Latrines and Urinaries ?
3. Quality of the rations, and arrangements for cooking, and whether means exist to produce sufficient variety.
4. Nature (whether Plunge, Shower, Tubs) and condition of Lavatories and Baths. Do ample means for cleanliness exist ? How is the soiled water conveyed away, and where deposited, or led to ?
5. *Water-Supply*.—Its nature and source—state if the quality of the drinking water is good. If filters are used, describe them.
6. Means of recreation for Troops ? Sufficient or otherwise ?
7. *Duties*.—Are they prejudicial or otherwise to health ?
8. Conservancy of the neighbourhood of Barracks and station generally ? Any suggestions for its improvement ?

## HOSPITAL.

9. Condition of the building and neighbourhood, as to cleanliness, drainage (from natural configuration of ground or artificial construction), ventilation, accommodation, water-supply, and conservancy on all points included under foregoing heads.
10. Hospital Baths of different kinds and Lavatories as to their sufficiency and cleanliness, and water-supply, &c.
11. Nature, character, and condition of bedding and furniture. Are the supplies kept up in the proportions laid down by Regulations ?
12. *Diet and Cooking*.—Same particulars as called for under Clause 3.
13. *Hospital Servants*.—Whether Establishment efficient and complete ?
14. Medicines and appliances if sufficient, and care taken in the preservation ? Condition of the Field Medicine Chest ?
15. Surgical Instruments, number and condition of ?

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(\* Or Civil Hospital or Jail, as the case may be).

FORM No. 2.—(*Continued*).

16. Principal diseases for the last year. Mention any causes to which disease and mortality may be attributed, and if remediable, what action has been taken regarding?
17. Name Medical Subordinates attached, and state how they conduct their duties, and behave generally?
18. State any complaint made by Medical Officer, Subordinates, or patients, and if any action has been taken on them.
19. Note generally what recommendations have been made to Local Authorities regarding Barracks or Hospital, Jails or Dispensaries.
20. *Burial of the Dead*.—Are the arrangements as regards Europeans and Natives such as to be prejudicial to the living, or otherwise?
21. Hospital records, condition of?

## CIVIL HOSPITALS.

22. How supported and maintained? State in what they be deficient.

## VACCINATION.

23. If duly practised amongst families of Corps or the Jails?
24. Name and rank of Medical Officer in charge. Conduct general and professional. Whether he attends daily, and prescribes personally.
25. Visitors' book, (Civil Hospitals) General tenor of remarks.

N. B.—In Hospitals of Native Regiments. Civil Hospitals, and Jails, on such points as the foregoing enquiries may be inapplicable, blanks may be left, and the Inspecting Officer will use his judgment in modifying them according to the particular circumstances of each Hospital or Institution.

Station	Date	Division.	Department.
MEDICAL INSPECTION REPORT.			
Barracks and Hospital of		Deputy Inspector General of Hospitals, Circle.	
Forwarded to the Inspector General, Medical Department, on the			
Received		18 .	

Report upon  
FORM No. 3.  
attached to

EXTRACTS FROM THE REPORT OF A BOARD OF MEDICAL OFFICERS.							
AGE. Years. Months.	Date of Rank, through what Grades passed.	Caste or Descrip- tion and place of Birth.	General Character for Sobriety and Zeal in the perform- ance of duty; and whether confidence can be placed in his Capacity.	General state of Health and fitness for active Service; cause of unfitness, if considered so.	Professional Qualifications, or Grades for which he has been found qualified by exami- nation at the Medical College; or by a Board of Examiners; and if acquainted with Vaccination. Number of Cases vaccinated during the year. Number Suc- cessful and Unsuccessful.	Attainments and Pro- gress in Professional acquirements since leav- ing the College, stating particularly whether he adopts measures for improving his knowledge of professional subjects.	REMARKS.
	Hospital Apprentice. Passed Hospital Apprentice. Assistant Apothecary. Apothecary. Native Pupil. Passed Native Pupil. 3rd Class Hospital Assistant. 2nd Do. do. 1st Do. do.	Period in the Medical College. Years. Months.					
18 } Information on the several points to be given without reference to former Reports, and a separate Report to be furnished for each Medical Subordinate.					Surgeon, Depty. Insptr. Genl. of Hospitals.		
Report upon 18 .					Concise, Statement of Services with dates on Field and Foreign Service in the hand-writing of the Medical Subordinate.		
Surgeon. Division.					Received Forwarded		
attached to					Depty. Insptr. Genl. of Hospitals. Office of Insptr. Genl. Medl. Depty.		
For Apothecaries, Asst. Apothecaries, and 1st and 2nd Class Hospital Assistants.					Received 18 .		

## FORM No. 4.

## SCHEDULE A.

Referred to in para. 9 page 164.

*Register of Public Prostitutes in the Cantonment of*

1	2	3	4	5	6	7	8
Register Number.	Name.	Name of Father.	Caste.	Age.	Place of Residence in Cantonment.	Date of Registry.	REMARKS.
							[Entries required under Rules 18, 24, 25 & 24 will be made in this Column.]

## FORM No. 5.

## SCHEDULE B.

(Referred to in para. 14, page 165.)

*Ticket of Registered Prostitute* \_\_\_\_\_ in  
the Cantonment of \_\_\_\_\_

Name \_\_\_\_\_

Caste \_\_\_\_\_

Registered Number \_\_\_\_\_

Place of residence in Cantonment \_\_\_\_\_

Date of Registry \_\_\_\_\_

Personal Appearance } \_\_\_\_\_

Year and Month.	DATES OF MEDICAL EXAMINATION AND SIGNATURE OF MEDICAL OFFICER.				REMARKS.
	Date of inspection in first half of month.	Signature of Medical Officer.	Date of inspection in second half of month.	Signature of Medical Officer.	
January ...					[In this Column will be recorded all cases in which disease may be detected; dates of admission into or dis- charge from hospi- tal; penalties incur- red, and the cause thereof, &c., &c.]
February ...					
March ...					
April ...					
May ...					
June ...					
July ...					
August ...					
September ...					
October ...					
November ..					
December ...					

## FORM No. 6.

## SCHEDULE C.

(Referred to in para. 11, page 164.)

*Abstract of Regulations to be observed by Registered Prostitute*

No. \_\_\_\_\_ in the Cantonment of \_\_\_\_\_

1. She shall obey all Rules laid down by the Government under Clause 11, Section 19 of Act I. of 1866, and will be liable, on conviction of a breach of any such Rule, to fine and imprisonment according to the provisions of the said Act.

2. If she desire to have her name removed from the Register, she shall apply to the Cantonment Magistrate.

3. She shall pay monthly to the Lock Hospital Fund the sum of except during such time as she may be under treatment in the Lock Hospital, when such payments will cease.

4. She shall not transfer or lend her ticket to any other person on any account or for any purpose whatsoever.

5. She shall present herself, with her ticket, for medical examination, at such time and place as may be appointed, unless specially exempted from so presenting herself.

6. If at any time she becomes affected with any venereal disease, she shall remain under treatment in the Lock Hospital until discharged. During such treatment, she will receive subsistence allowance from the Hospital Fund, and will be liable to no charge on account of subsistence or treatment.

7. She shall allow the inspection of her house by any duly authorized officer, and shall, when required to do so, exhibit her ticket to such officer.

8. She shall obey all Rules laid down for maintaining her house in a state of cleanliness, and for provision therein of water and means of ablution.

9. If she desire to change her place of residence, or to leave the Cantonment, she shall signify her wish to the Cantonment, Magistrate.

10. She shall not practice her trade in any other Cantonment in which she has not been duly registered.

11. She shall not publicly solicit any person.

FORM No. 7.

SCHEDULE D.

(Referred to in para. 17, page 165.)

*Register of Medical Examination of Registered Prostitutes in the Cantonment of*

Name \_\_\_\_\_

No. in Register of Prostitutes \_\_\_\_\_

Year and Month.	Dates of Medical Examinations and Signature of Medical Officer.				REMARKS.
January ...					[In this Column will be recorded the result of all medical examinations.]
February ...					
March ...					
April ...					
May ...					
June ...					
July ...					
August ...					
September ...					
October ...					
November ...					
December ...					

FORM No. 8.  
SCHEDULE E.  
(Referred to in para. 38, page 168).  
LIST OF PROSTITUTES residing in Registered Brothel Number (       )

Number in Register.	Name of Brothel: keeper.	LOCALITY OF BROTHEL.		Number of Prostitutes authorized.	Names of Prostitutes.	Age.	Number of Ticket.	Personal description.
		Street.	Number.					

## FORM No. 9.

\_\_\_\_\_ DISTRICT.

*Nominal Roll of the Vaccine Department.*

Rank.	Name.	Date of Appointment.	Amount of Salary sanctioned by Government.			Amount of Salary drawn.			Total.	Successful.	Unsuccessful including those doubtful.	Unknown.
			RS.	A.	P.	RS.	A.	P.				
1st Class Vaccinator	P. Gopauloodoo.	1st January 1870.	18	0	0	18	0	0	62	52	7	3
			18	0	0	18	0	0	62	52	7	3

OFFICE OF SUPERINTENDENT OF VACCINATION,  
 DISTRICT HEAD QUARTER'S,  
 Camp                      the                      18 .

Supt. of Vaccination,  
 District.



FORM No.

*Return of Vaccination for the*

Station or Talook.	Names.	Rank.	UNDER ONE YEAR OF AGE.																							
			PRIMARY VACCINATION.																				RE-VAC- CINATION.			
																							Results.	Results.		
			Europeans and East Indians		Hindoos.		Mohomedans.				Other Castes.		General Total.		Results.		Results.									
			Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Successful	Unsuccessful including those doubtful.	Unknown.	Successful.	Unsuccessful including those doubtful.	Unknown.						
Ellore.	P. Gopauloodoo.	1st Class Vaccinator.	2	3	7	9	1	0	1	2	4	3	1	5	16	22	32	4	2	6	2	0				

The Columns left blank are intended for

OFFICE OF SUPERINTENDENT OF VACCINATION,  
DISTRICT HEAD QUARTERS

Camp the 18 .

9—(Continued).

DISTRICT.

month of January 1870.

ABOVE ONE YEAR OF AGE.																	
PRIMARY VACCINATION.														RE-VACCINATION.			
Europeans and East Indians.		Hindoos.		Mohomedans.				Other Castes.		General Total.		Results.		Results.			
Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Successful.	Unsuccessful including those doubtful.	Unknown.	Successful.	Unsuccessful including those doubtful.	Unknown.
0	0	8	7	1	2	0	0	0	0	3	3	12	12	20	3	1	0
0	0	8	7	1	2	0	0	0	0	3	3	12	12	20	3	1	0

Parsees and other national distinctions.

Superintendent of Vaccination,  
 \_\_\_\_\_ District.









**FORM No. 13.**

(Commissariat Form No. 160.)

**FOR THE STEWARD.**

**DAILY ABSTRACT of Diets for the various Wards in Hospital, dated ———**

[illegible]

DAILY ABSTRACT for *Liquors* for the various Wards in Hospital, dated \_\_\_\_\_

<b>Wards.</b>	<b>Wines.</b>	<b>Spirits.</b>	<b>Malt.</b>
	<b>Oz.</b>	<b>Oz.</b>	<b>PINTS.</b>
<b>Total...</b>			

This is to be prepared by the Apothecary from the Surgeon's Diary, or Bed Head Ticket.

**FORM No. 14.**  
**H. M. REGIMENT.**  
*Nominal Return of Expenditure of Wines and Spirits for* **187**

Names.	Age.	Diseases.	WINES.						SPIRITS.				AERATED DRINKS.		MALT LIQUOR.			
			Period.		Cham- pagne.	Port.	Sherry.		Brandy.	Arrack.		Gin.	Soda- water.	Le- mon- ade.	Porter.	Beer.		
			From	To			Bottles.	Pints.		Bottles.	Unces.					Bottles.	Unces.	Bottles.
<p><b>N. B.</b>—Wines and Spirits calculated at the rate of 22 ounces per Bottle. Malt liquor in Quarts and Pints, or Bottles and half Bottles.</p> <p style="text-align: right;">Average daily sick in Hospital during the month.  Strength on the last day of the month.  Total number taking Wines in the month.  Average daily number taking Wines in the month.  Total No. of Diets during the month.</p>																		
<p>187 . } Surgeon. ———  Deputy Inspector General of Hospital,  British Medical Service.</p>																		
<b>MADRAS FORM.</b> H. M. Regiment. Nominal Return of Expenditure of Wines and Spirits, for 187 . Surgeon.			Received Circle.		A concise explanation of the cause of any unusual expenditure of Wines, &c., during the month to be here entered.													



**FORM No. 15.**  
**CONTINGENT BILL.**

*Her Majesty's Government of India* \_\_\_\_\_ *Dr.*

	RS.	A.	P.	RS.	A.	P.
16½ Dozen of Soda-water, without bottles, at 1 4-0 per dozen ...	20	5	0			
11½ Dozen of Lemonade, without bottles, at 1-8-0 per dozen, supplied for the use of the sick of H. M.'s th Regiment, Light Infantry, during the month of 18 , as per accompanying Indent, passed by the Deputy Inspector General of Hospitals, B. M. S. Circle attached ...	17	12	0			
				38	1	0
Total Government Rupees..				38	1	0

Received the amount, viz. Rupees thirty-eight and Annas one only.

*Surgeon, H. M.'s th Regt., L. I.*

I do declare upon my honour that the sums contained in this bill have been actually and *bona fide* expended for the purpose set forth.

Contents received-

*Surgeon, H. M.'s th Regt., L. I.*

*Surgeon, H. M.'s th Regt., L. I.*

*Requisition on Her Majesty's Government of India, for Aerated Drinks for the use  
of the Hospital of H. M.'s th Regiment, Light Infantry, for 18 .*

Articles.	Number.	For what purpose.	Remarks.
Soda-water. Bottles	One hundred and ninety-five bottles.	} For the use of the sick in Hospital.	
Lemonade. Bottles	One hundred and forty-two bottles.		

I do hereby certify upon my honour that the articles above specified were indispensably necessary for the purpose mentioned, according to the best of my judgment and belief after the most careful examination.

*Surgeon, H. M.'s th Regt., L. I.*

I do hereby certify that the within expenditure was necessarily incurred.

*Deputy Inspector General, B. M. S.*

18 .

*Her Majesty's th Regiment, Light Infantry, Nominal Return of Aerated Drinks.*

Names.	Diseases.	Period.		Soda-water. Bottles.	Lemonade. Bottles.	Remarks.
		From	To			
A. B. ... ..	Remittent Fever ...	1	7	4	0	
C. D. ... ..	Do. ...	6	9	6	0	
E. F. ... ..	Ulcer ...	1	18	50	0	
Total...		...	...	60	0	

*Surgeon, H. M.'s th Regt., L. I.*

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The following examination of Marine Corps records  
will be conducted to determine, as far as possible, the  
actual number of personnel affected by the  
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